



Needham Board of Health

REVISED AGENDA

Friday July 20, 2018

7:00 – 9:00 a.m.

**Charles River Room – Public Services Administration Building
500 Dedham Avenue, Needham MA 02492**

- **7:00 to 7:05 – Welcome & Review of Minutes (June 14th)**
- **7:05 to 7:45 – Staff Reports (June)**
- **7:45 to 8:00 – Review and Discussion: Pool Closures/Follow-ups**
 - **Homewood Suites Pool**
 - **Residence Inn Pool**
- **8:00 to 8:20 – Review and Discussion: Goal Setting for FY 2019 and FY 2020**
- **8:20 to 8:30 – Review and Discussion: Tobacco Regulation Workplace Definition Update**
- **8:30 to 8:40 – Review of Eversource **Utility Project** and EMF Monitoring**
- **8:40 to 8:50 – Needham Farmers Market**
- **8:50 to 9:00 – Other Items**
 - **Medical Marijuana**
 - **Service Animals in Food Service Establishments**
 - **Natural Gas Concern from Sierra Club and MAHB**
- **Next Meeting (tentatively September 14th, 7:00 – 9:00 a.m.)**
- **Adjournment**

(Please note that all times are approximate)

Needham Board of Health

Meeting Minutes

June 14, 2018

Board of Health: Edward Cosgrove, PhD, Vice Chair
Stephen Epstein, MD, MPP, Chair; and
Kathleen Ward Brown, ScD, Member

Staff Present: Timothy Muir McDonald, Director, Tara Gurge, Assistant Director,
Maryanne Dinell, Catherine Delano, Donna Carmichael, Dawn Stiller

Staff Absent: Tiffney Zike, Carol Read, Diana Acosta

Convene: 7:05 a.m. – Center at the Heights, 300 Hillside Ave., Needham, MA
02494

Approve Minutes

Dr. Cosgrove made a motion to approve the previous meetings minutes. Three edits were suggested and agreed upon. **Dr. Brown seconded the motion. Upon motion duly made and seconded, the edited minutes of the May 11 meeting were approved. The motion was carried. The vote was unanimous.**

Staff Reports

Drug Free Community Grant - Ms. Catherine Delano

Ms. Delano provided a brief update on the focus groups with Needham Housing residents. The Mandarin and English speaking groups were well attended. No one attended the Russian language group so Ms. Rachael Greenberg is going to conduct two key informant interviews with Russian speaking residents who are referred by Needham Housing staff. Ms. Delano noted that the consultant hired to assist with the written survey will design the survey to be sent via regular mail. The project is expected to be complete by the end of the calendar year.

Accreditation Update

Mr. McDonald reported that the Public Health Division has finished the accreditation rules review; he also noted that he and the rest of the staff are working on the policy and procedure manual. He also reported that all the grants for this fiscal year have been spent.

Environmental Health Report - Ms. Tara Gurge

Ms. Gurge stated that annual Animal permit renewals are almost complete.

The chickens at #32 Barbara Road were inspected and signed off by the animal control officer, Mr. David Parsons. A permit was issued.

Ms. Gurge noted that there remain two body work permit practitioner applications which should be completed and permits issued once all the requested information is submitted for review and approval.

Ms. Gurge also noted that between her, Ms. Diana Acosta and Mr. Brian Flynn all Farmers Market and Needham Street Fair vendors have been inspected. There will be weekly inspections of the Farmer's Market vendors through Thanksgiving. All inspections have gone well.

Ms. Gurge described an incident of a frail elder living in a business (not residential) zoned building at Highland Circle. Traveling Meals first noticed the situation when they delivered a meal. Environmental Health, Public Health Nursing, and the Aging Services social workers were involved along with the Building Commissioner and the Fire Department which determined the apartment did not meet code. Ms. Gurge, Ms. Carmichael, and Ms. Zike involved Springwell. The Springwell social worker will work to find alternate housing for the elder. The Housing Order deadline is this week but Ms. Gurge noted everyone is trying to be sensitive as the senior's son owns the building and the senior does not want to move.

Ms. Gurge reported that all pools are up and running except Rosemary which is not yet complete. The Park & Recreation Department has targeted early August as a desired opening date.

Ms. Gurge noted that she and Ms. Acosta continue to work with the resident at 324 Greendale Avenue. The property had a flood and has had garbage and wet items all over the lawn. Timmerman, a waste hauler, is providing dumpsters to this resident and the work should be complete soon.

Ms. Gurge spoke about a conference sponsored by the Association of Food and Drug Officers in Burlington, Vermont which both she and Ms. Acosta were able to attend in May. This was paid for by one of the Public Health Division's FDA grants. Ms. Gurge said the conference was quite helpful in addressing current issues in food safety such as marijuana edibles and Uber food delivery. One of the key messages of the conference was that it will only take one food borne illness outbreak in the country to start enacting regulation of these growing delivery services that are run by restaurants and grocery chains and by those who contract out delivery to various apps such as Uber.

Ms. Gurge stated that she received a report of an unmarked, unlicensed ice cream truck vendor selling prepackaged popsicles. Ms. Gurge is trying to get more information on this truck to ensure that they secure the proper Ice Cream Truck permit.

Ms. Gurge then discussed the first test of the electronic food safety inspection program designed by Ms. Lisa Berger. Ms. Gurge and Ms. Acosta accompanied Ms. Berger to North Hill where they inspected the bakery, café, and retail store in order to test the electronic inspection software. The inspection report can be tallied easily at the end of the review and sent as a PDF to the manager. Ms. Gurge said that the 2013 FDA Food Code is built into the software and the search function allows for quick reference to any food code or numbers needed by the inspector.

The pilot will run for a week and, if all goes well, the Division plans to extend the use of the program for a full year, from June 28, 2018- to June 28, 2019. Mr. McDonald said that if the pilot works well, he will work to add the cost to the fall budget request. He also said that the system will allow the Division to spot trends quickly and focus training, quarterly newsletters, and targeted emails to address those trends. Mr. McDonald reported that he is arranging for mobile hot spots for both Ms. Gurge and Ms. Acosta so they have the Wi-Fi connections on their phones necessary send the reports.

Dr. Cosgrove requested a fuller explanation of the service dog incident at Café Fresh Bagel. A teenager had an untrained puppy on her lap and on the table top at the café and the manager did not realize he could question her assertion that the dog was a service animal. After the incident, Ms. Gurge trained the manager in the law. Dr. Cosgrove and Dr. Epstein recommended that a letter or email be sent to all to all restaurant managers and owners in Needham with targeted points which include that animals are not allowed on laps or tables and that managers can legally question patrons and request proof that a dog is trained service animal.

Healthy Aging Report

The report was shared by Mr. McDonald in Ms. Rachael Greenberg's absence. The Safety at Home Program is in the pilot phase right now. It is designed to provide home visits to any senior in town with the goal of preventing falls. The full program will start in fall 2018.

Public Health Nurse Report - Ms. Donna Carmichael

Ms. Carmichael reviewed the communicable diseases.

Ms. Carmichael then discussed the Lunch & Learn program on Medical Marijuana at the Center at the Heights which had been requested by some CATH patrons and which was delivered by a medical marijuana vendor. Dr. Epstein asked if a full disclosure was provided and Ms. Carmichael said that it was. Ms. Carmichael said that 50 people attended the presentation. Ms. Carmichael said that many seniors came to her and Ms. Zike with questions after the meeting. There were concerns about residents being targeted by the medical marijuana facilities and it was important that their questions were answered.

Ms. Carmichael reported that information on ticks and mosquitoes is being sent with the water bills, is on the Town website, and is being sent via email to Town departments.

Regional Substance Abuse Coordinator Report--Ms. Carol Read

Mr. McDonald requested that the Board members read Ms. Read's report as she was absent, but highlighted the collaborative work that was accomplished as part of the third year of the regional Substance Abuse Prevention Collaborative (SAPC) grant, especially the work in May and June to conduct alcohol compliance checks across all four communities using a common protocol.

Traveling Meals Coordinator Report--Ms. Maryanne Dinell

Ms. Dinell reported that all summer drivers have accepted their positions and summer meal delivery will start on June 28 or 29. She noted that new coolers will be used this year.

Director's Report - Mr. Timothy M. McDonald

Electro-Magnetic Fields (EMF)

Mr. McDonald reported that hiring for the Independent Expert for EMF and Siting Guidelines for Underground Utility Projects is moving along quickly.

Abandoned Property

Mr. McDonald also noted that he and Building Commissioner Mr. David Roche both signed affidavits for the MA Attorney General's Office attesting to the condition of the property and the Town's efforts to have the owners address violations of the building and housing codes for the property at 228 Mark Tree Road. The affidavits were filed in support of a formal court petition by an Assistant Attorney General in the AGO's Abandoned Housing Program. The program allows the Attorney General's Office, working in collaboration with cities and towns, to petition the court to appoint a receiver to clean up and sell properties that are abandoned, are substantially behind on taxes, or which have a history of failing to rectify violations in the housing or building code in way that is a detriment to the larger community.

Mr. McDonald noted the same program was used for a property on Highland Terrace, and for a series of properties on Riverside Street. Ms. Gurge and Ms. Carmichael had been working on Highland Terrace property for years before the Attorney General's Office helped to bring a resolution to the long-standing problem property.

Mr. McDonald apologized to the Board for the late June packet. Mr. McDonald promised there will be more discussion of some of the May issues at the July meeting.

Municipal Street Light Project

Mr. McDonald requested that Dr. Cosgrove provide an overview of the June 12 Town Meeting discussion on the Municipal Street Light Project.

Dr. Cosgrove reported that the intensity of light emitted by LED bulbs is measured in Kelvin. LED lights until recently were only available in 4000k, which affected circadian rhythms in both people and wildlife because of the high blue level. Since 2016, 3000k LED became available but still in the high blue range. Just arrived on the market is 2700k LED lights which reduces blue range to a minimum. Mr. McDonald said that in 2016, the Town's original goal was only to replace the sodium lights which were reaching the end of their life. A review of circadian rhythm issues and color range issues were not the original charge of the project. Mr. McDonald also noted that street lights are not designed to illuminate sidewalks; lanterns on the sidewalk serve this purpose. The goals for this project were to reduce energy costs and to be more "green." The Board of Health has been asked by the Selectmen to weigh in on the overview of the health impacts of LED bulbs.

A discussion ensued. The issue with LED bulbs is that two decisions must be made: an intensity selection and a color temperature. Ideally the color level should be as low as possible to preserve night vision while the intensity should be increased to meet light needs for driving. The example given that in a 2700k bulb which is 100 watts/lumens will be brighter and more yellow and less blue while the 3000 bulb that is 50 watts will be dim in comparison to the 2700. However the 3000k bulb uses less energy.

Dr. Brown noted that LED lights can be adjusted during the day so one method for achieving costs savings is to turn them down during the 1:00 to 5:00 a.m. timeframe. Mr. McDonald noted that Wellesley just finished their project going with 2700k LED bulbs on most streets and 3000k LED bulbs on major roads. The Board of Health could do a test drive in Wellesley as a part of the overview. Dr. Cosgrove suggested that the Board should address the health effects in a letter to the Selectmen by June 26. Mr. McDonald agreed to get a draft to the Board by June 19 with feedback by June 21 so that a final letter could be in the Selectmen's packets by June 23. To help prepare the content of the letter, Dr. Epstein will consult the Council on Science and Public Health data and will contact their staff, including an individual whose research is particularly focused on the intensity and color temperature issue.

Radio Frequency and Health Impacts

Board of Health members received the Royal Society of Canada report this afternoon. Dr. Brown mentioned that the relative cancer and noncancerous effect risks are inconclusive. The report will be a starting point for the Town's new consultant but it is not as definitive as Board members had hoped.

Eversource

Mr. McDonald noted that the existing Eversource utility redundancy project has generated significant community attention, with residents voicing concerns about traffic, noise, and most especially about exposure to electromagnetic fields and the perceived health effects caused by such exposure.

The project goal is separate the two 115kV electrical transmission lines which currently run on each side of an overhead monopole along the MBTA's Needham commuter rail line. One transmission line would continue along the right-of-way overhead and the other would be buried underground and follow a route along streets in Needham from approximately Greendale Avenue to the substation outside of Needham Junction. Resident concerns about EMF in the context of the underground 115kV line are focused upon the perceived health effects of EMF and about the siting and burial depth of the proposed utility line.

Since future Eversource energy projects may also go through Needham and since residents have also voiced concerns about the police and fire communication towers upgrade, the Board of Health agreed that a consultant is needed to look at electromagnetic field and radio frequency (EMF/RF) health risks.

The Board asked if it can compel Eversource to conduct additional studies. Mr. McDonald said that the Town cannot compel but can request. The Board noted along with Mr. McDonald that Massachusetts has no general siting guidelines but there are international standards and OSHA guidelines. The Board would like the consultant to examine these sources.

The Board wishes to obtain outside data so that Eversource can address routing questions comprehensively for the Town. The Board also hopes to have the buried 115kV lines placed under the center of the streets where residents do not gather so as to minimize impacts to all residents using both the sidewalks and their front yards. The Board requested that Mr. McDonald speak with the DPW Director, the Town Manager, and the Town Engineer to request a new EMF-level modeling project from Eversource based upon the finalized route construction plan. This may also be to Eversource's benefit as the report may clarify the issues for Needham residents.

Recreational Marijuana Buffer Zones and Licensing Project Updates

The Board's discussions pivoted to the concern about recreational marijuana dispensaries and the possible effect of those recreational stores and any associated advertising or window displays on youth perceptions of risk and harm of marijuana use.

The Board is interested in exploring distance setbacks and buffer zones, and understanding the effect that those setbacks may have on reducing youth exposure to recreational marijuana (especially advertising or window displays). The state's medical marijuana regulations had a 500 foot setback requirement separating medical marijuana dispensaries from a number of uses including religious institutions, parks, playgrounds, and schools.

As currently zoned, the Mixed Use-128 zoning area (where the Sira Naturals medical marijuana dispensary is located) does not have sufficiently sized parcels to accommodate a large residential development. In order to propose such a project, a developer would have to purchase and petition to combine to parcels within that zoning area. Having a Board requirement of a 500-foot setback from a possible recreational facility would effectively limit the locations within that zoning area where a large housing development could be proposed.

Distance setbacks would be a possible part of a Board of Health regulation that would govern recreational marijuana dispensaries. Dr. Epstein suggested incorporating guidelines from the 2017 tobacco regulation updates, along with alcohol and tobacco data as it relates to outlet density and use rates. There is very little data on buffer zones and distance setbacks, but there is good data about the effect of outlet density on use rates. Mr. McDonald said that he will seek technical assistance for this project.

Dr. Epstein and Dr. Brown said that they will look at the Centers for Disease Control and Prevention (CDC) information on best practices regarding marijuana dispensaries. The Board agreed on the timeframe for the recreational marijuana project research. The zoning moratorium prohibiting recreational marijuana sales expires December 31, 2018 but has now been supplemented by a general by-law prohibiting recreational sales on a permanent basis. Therefore, research should take place in summer 2018 with discussions in September and

October. There should be a public hearing in late October or November when all the data for the proposed buffer zones is available. Mr. McDonald said that he will provide a first progress report on EMF research and dispensary buffer zones information at the July 20 meeting.

Mr. McDonald noted that Mr. Bruce Greenwood, the resident who attended the May meeting, could not be here today but he is still interested in medical marijuana discounts for seniors and veterans. He may attend a future Board of Health meeting. Dr. Epstein mentioned he would like to examine the numbers of veterans and seniors that would currently be eligible for such a discount. Since Sira Naturals is both the manufacturer and the distributor of medical marijuana, the pharmacy-drug company analogy which Sira's CEO Mr. Michael Dundas advanced during a March presentation to the Board of Health is an inaccurate analogy because drug manufacturers offer discounts (and rebates) but those discounts are not offered by the pharmacies.

Dr. Epstein asked if Sira Naturals had sent their sales data and Ms. Gurge responded that it arrived today (June 13, 2018). Ms. Gurge will distribute the data to Board members later this week. The Division has not received a permit request for recreational marijuana sales from Sira Naturals.

Indoor Home Grown Marijuana

Dr. Epstein noted that growing marijuana in the home is legal as of July 1. The Board recommends a small permit fee for those who wish to grow at home similar to the current permitting process for chicken coops. This would be a self-reporting permitting process. The permit would address the health and safety concerns regarding proper storage, disposal, and security. The intent would be to limit young people's access to marijuana in the home and to prevent used plants and butts from ending up as street litter or in unsecured trash bins.

Dr. Epstein noted that the permit process would not vouch for the safety or purity of the homegrown product—the permit would ensure that the process itself—in essence urban farming—meets the Board's health and safety standards.

Gas Pipelines

Mr. McDonald mentioned that Massachusetts Association of Health Boards (MAHB) has partnered with the Sierra Club to speak to Boards of Health around the state about their concerns about natural gas pipelines in the Commonwealth. One volunteer, Dr. Steve Jones, has shared most of the information and has indicated that he is interested in speaking with the Needham Board of Health about the joint MAHB-Sierra Club efforts.

Dr. Cosgrove noted the Sierra Club has been involved in the pipeline issue because any large pipelines will need to use public and open lands. Wellesley has a lot of gas leak hot spots so there are other towns and cities in the Commonwealth concerned about pressurization sites. Dr. Cosgrove requested tabling the meeting request from Sierra Club until a further discussion at the July meeting. Dr. Cosgrove requested a time limit on the discussion if they do attend a future meeting and Dr. Epstein and Dr. Brown concurred.

Dr. Epstein noted the email and documents from Dr. Jones conflate two issues: the Northern Pass project with large liquid natural gas (LNG) plants based in downtown Boston; and the possibility of health effects with improperly vented gas stoves. Dr. Brown noted that gas pipelines require venting on a fairly regular basis and that she felt there were some anti-fracking concerns on the part of Mr. Jones and the Sierra Club.

Other Business

The Board agreed to set high level priorities and goals at the July meeting. Mr. McDonald said that he would move the goals discussion to the top of the July agenda.

Dr. Cosgrove requested a brief review of the 10 essential public health functions at a fall Board meeting, along with a review of older Board of Health regulations to determine if they should be eliminated or renewed.

Dr. Epstein would like to review the concussion protocol and see if it requires revisions at either the July or September meetings.

In the Board of Health's Substance Abuse Prevention section, Dr. Epstein requested that the Division substitute another word for "dangerous" in the sentence about chronic use of marijuana for future packets

Dr. Epstein noted that the American Medical Association (AMA) will be speaking with the federal Food & Drug Administration (FDA) about labeling all e-cigarettes with complete ingredient lists (including nicotine) and ingredients per cartridge requirement as well. The FDA is under pressure to list ingredients even in the national environment of anti-regulation. These kinds of regulations originated with the Needham Board of Health Tobacco regulations so this is something the Division and the Board should be aware of.

Dr. Epstein he would like to continue having Board meetings on the second Fridays of each month from 7:00 to 9:00 a.m. as the regular meeting time for the fall. Dr. Brown and Dr. Cosgrove agreed with one spring meeting in the evening and perhaps one other at night to be determined at a later date.

Dr. Epstein asked for a motion to adjourn. Dr. Cosgrove made such a motion, and Dr. Brown seconded that motion. The vote was unanimous. Meeting adjourned at 9:15a.m.

The next two meetings are:

July 20, 2018	7:00 – 9:00 a.m.
September 14, 2018	7:00 – 9:00 a.m.

Respectfully Submitted,

Faith Crisley, Recording Secretary

Needham Public Health Division

June 2018

Assist. Health Dir. - Tara Gurge
Health Agents - Diana Acosta and Brian Flynn

Activities

Activity	Notes
Animal Permit Renewals	13 – Animal Permits issued.
Animal Permit Reviews (New)	1 – New Animal Permit review conducted for: - The Needham Golf Club to house 4 year round goats on site. (Still in plan review process.)
Bodyworks Establishment Appln Reviews (On-going/New)	2 – Bodyworks establishment permit applications pending from: - 360 Degrees of Fitness and Wellness – Armani Madoshus (owner). Waiting to receive rest of paperwork for review/approval (On-going.) - Needham Wellness Ctr. - Gregg Reese (owner) – Permit application review in process. (on-going)
Bodywork Practitioner Appln Reviews (On-going/New)	2 – Bodyworks Practitioner permit applications received from: - Amy B. “Sunny” Connor – To practice Reiki at 360 Degrees of Fitness and Wellness. Still waiting to receive a copy of her CPR Certification (on-going.) - Gregg Reese – To practice Reiki at Needham Wellness Ctr. Permit application was recently submitted for review. (In process.)
Demo Reviews/ Approvals	8 - Demolition sign-offs: <ul style="list-style-type: none">• 1077 Greendale Ave• 51 Morton Street• 6 Pinewood Road• 23 Grasmere Road• 67 Stevens Road• 53 Rolling Lane• 50 Mayflower Road• 61 Grasmere Road
Emergency/Fire Dept. Call	0 – Emergency calls received from Fire Dept.
Food – Complaint / Follow-up	1 – Food Complaint received for: - The James – Former employee called to report that the grease trap was overfilled (needed to be serviced) and that the garbage disposal was no longer in working order. 1 – Follow-up Inspections conducted at: - The James – Site inspection was conducted. Diana went on site and met with Chef Alex and walked through the restaurant. Checked both internal and external grease traps and did not see anything overflowing. The garbage disposal was not connected to the sink. Still awaiting service receipt of any work done to repair the garbage disposal.
Food – Needham Farmers Market Insp.	Farmers Market Opening of Season was on Sunday, May 27 th at Needham Town Common. Diana and Stephanie (new summer intern) to conduct weekly FM inspections throughout the season. 1 – Needham Farmers Market Permit Issued: <ul style="list-style-type: none">- Amir’s Natural Foods

Food – Temporary Food Event Permits	9 – Temporary Food Permits issued to: <ul style="list-style-type: none"> • Newman PTC- End of Year Picnic • Sweet Tomatoes @ Newman - end of year picnic • Charles River YMCA Independence Day 5k • NHS Carnival - Cushing Amusements • NHS Carnival - Cushing Amusements • NHS Carnival - Cushing Amusements • NHS Carnival - Cushing Amusements • Exchange Club of Needham • Needham Exchange Club 4th of July events @ Memorial Field
Food – Out of Bus	2 – Food establishments went out of business: <ul style="list-style-type: none"> - The Dessert Workshop (next to Treat Cupcake Bar) - L & K Kitchen
Food – Plan Reviews/Follow-ups	1 – Food Permit Plan Review/Initial walk-through to check out space conducted for: <ul style="list-style-type: none"> - <u>New Vision International Education, Inc. (#1180 Great Plain Ave.)</u> – New business looking at site. They reviewed existing file. May use as a live-in space for international students. Will also be looking to permit kitchen on site. Initial walk-through conducted. (Food Permit Plan Review packet still pending.)
Food – Pre-operation walk-through inspections/ Permits issued	3 – Pre-operation/walk-through inspections conducted for: <ul style="list-style-type: none"> - <u>Cappella (Former Petit Robert space)</u> – Conducted initial pre-operation inspection. Still in process of installing new food service equipment items. Will conduct follow-up inspection (pending.) - <u>Al Fresh Co.</u> – Vegan meal kit business wanting to operate out of Needham Presbyterian Church. Conducted walkthrough and establishment and air gap was installed under sink (permit issued.) - <u>Panera Bread</u> – Walk through to reopen after renovations. All set to reopen.
Food – New Permits Issued	1 – New Food Permit issued for: <ul style="list-style-type: none"> - <u>Al-Fresh Co.</u>
Food - Mobile Food Trucks/Permits issued	2 – Truck Inspections Conducted/Permits issued for: <ul style="list-style-type: none"> - <u>BowlBoyz</u> – Follow up conducted. Re-verified sanitizer concentration. Conditional permit was issued. Only can operate if Selectboard issues a one-day permit for the location they will operate in. - <u>Sweet Tomatoes</u> – Inspected Food Truck for temporary event permit. Permit issued.
Housing – Complaints/ Follow-ups	3/3 – Housing Complaints/Follow-ups. <ul style="list-style-type: none"> - <u>#26 Highland Circle</u> - Inspection conducted with Building Department to see if apartment met minimum living standards. Apartment is located in a building that is only commercially zoned, not residential. Fire alarms were not working and there were no CO alarms present in apartment. Also need to unblock second means of egress on site (couch was blocking it). Order letter issued to landlord. Working with Jessica Moss (CATH social worker) and also occupant's son (landlord) to move dad into an assisted living facility. <u>UPDATE</u> – Resident was relocated and bed was removed off site. - <u>#15 G Chambers Street</u> – Resident has reported experiencing respiratory symptoms since moving into this specific unit. She had concerns that there is mold behind the bathroom tiles and also had concerns with a leaking pipe under her kitchen sink. Follow-up site visit conducted. Order letter issued to Needham Housing. (Items were addressed. Licensed plumber letter submitted.) Occupant also had concerns about cigarette smoke migrating into her unit. Worked with NHA in sealing up her unit. <u>UPDATE</u> - Continuing to work with NHA with addressing the smoking concerns. Provided signage and smoking cessation resources, etc. They are working on educating their residents and also enforcing the 25 ft. setback requirement for their smoking area.) - <u>#83 Pickering St. -Stephen Palmer Apts. (Unit #214)</u> – Housing re-inspection conducted after recent roof repair.

Marijuana Dispensary (RMD) site inspection/ Renewal Permit issued	1 – Sira Naturals, Inc. Marijuana Dispensary site visit conducted for permit renewal. Issued permit.
Nuisance – Complaints/ Follow-ups	<p>6/6 – Nuisance Complaints/Follow-ups conducted for:</p> <ul style="list-style-type: none"> - #50 Maple Street - Phone call received from a neighbor and another neighbor came into the office with a similar complaint. Half of house was knocked down and the neighbor concerned that there was asbestos being released into the air and that no remediation was done ahead of the demolition. Called Building Department and proper permits were taken out and it did not trigger the demolition application for Health. Diana called contractor and verified that they had an asbestos inspector do a visual inspection and the contractor was given the ok to continue with the demolition project. - #180 Maple Street - Painters were sanding house (potential lead paint); dust was flying into the air according to complainant. Diana and Stephanie drove by the home and did not witness dust being spread from sanding. We saw one of the workers wearing a respirator mask with a full body suit as PPE. Diana contacted the owner of the paint company and confirmed that they are using HEPA filter vacuum attachment to contain dust. - #84 Whitman Road - Complaint received about overgrown lawn. Complainant was concerned that there was potential for pest harborage. Tara and Diana drove by the property and witnessed tall grass on the lawn. An order letter was sent to the owner of the property. A letter was submitted via email from the homeowner confirming that the grass has been cut and there are various rodent bait boxes placed around the property. Complainant also reported back to us that grass was cut. - #324 Greendale Ave- (On-going) – UPDATE: Progress slowed at the beginning of the month. A second order letter was sent out to homeowner about the state of the property. Another dumpster was brought onto the property and significant progress was made. (Will continue to conduct weekly site visits to verify progress.) - #115 Wilshire Park – Received another complaint from the neighbor about items being stored in yard. Spoke to owner about complaint. Site visit conducted. Confirmed that additional items were removed. - Congregational Church (#1154 Great Plain Ave.) – A concern received re: active pest sightings on site. Spoke to owner about concern. In process of working with a pest control company to treat inside and outside of building, along with sealing up any cracks in the foundation. Will also work with tenants in ensuring that any food items are sealed up and stored properly. Submitted copy of pest report. (Will continue to monitor.)
Pool Plan Reviews/ POOL ORDER LETTER CLOSURES* /Follow-ups	<p>5 – Pool Plan Reviews/Follow-ups conducted for:</p> <ul style="list-style-type: none"> - Rosemary Town Pools –Tim, Diana and I in process of attending weekly progress meetings. In process of working on specific pool permit requirements (i.e. Pool Rules, signage, etc.) Pool opening is delayed to August 4th. (On-going.) - Second Ave. Residences Pool - Approved proposed pool design layout plan. In process of working with owner on specific pool permit requirements (i.e. signage, etc.) (On-going.) - Mill Creek Residences Pool on Greendale Ave. - (On-going.) New Pool Contact received. Will start working with them on pool permit requirements. - *Residence Inn – UPDATE - Order letter sent to shut down pool until approved Pool Variance requirements are met. Additional on-site staff is in the process of being trained. Pool will remain closed until we receive the additional on-site staff training certifications. (Pending.) - *Homewood Suites – UPDATE – Pool opened without a permit. Order letter sent. Need to ensure that they hire/train additional on-site staff in order to open pool. Additional on-site staff is in the process of being trained. Inspection conducted. Issued temporary permit in the interim with limited hours, in order to have sufficient on site, trained staff coverage. Will issue annual pool permit, with regular pool hours, once we receive the additional staff training certifications. (Pending.)

Pool –Pre-operation Inspections/Permits Issued	1 – Pool pre-operation follow-up inspection conducted at: <ul style="list-style-type: none"> - <u>Homewood Suites</u> – Follow-up pre-operation inspection conducted. (Issued temporary, two week (pool hour limited) permit until sufficient on-site pool staff can be trained.)
Pool – Permits	1 – Pool Permit issued: <ul style="list-style-type: none"> - <u>Homewood Suites (TEMP PERMIT ISSUED)</u>
Planning Board/Special Permit plan reviews	0 – Special Permit Plan Review conducted
Septic Abandonment Forms	0 – Septic Abandonment Forms received.
Septic – Addition to a Home on a Septic	1 – Addition to a Home on a Septic review: <ul style="list-style-type: none"> - <u>#1653 Central Avenue</u> – Approval Memo sent to Building Dept.
Septic Construction Permit/Trench permit	1 – Septic Construction/Trench Permits issued for: <ul style="list-style-type: none"> - <u>#267 Cartwright Rd.</u>
Septic Hauler New Regulation Notifications sent	Sent out new Trash Hauler Regulation notifications out to all our permitted haulers. Will continue our education efforts on these new regulation requirements leading up to our Jan. 1, 2019 enactment. (Will also be educating the community on the new mandatory recycling requirement, by writing articles and conducting PSAs, etc., which are in process.)
Septic – Plan Reviews/COCs	3 – Septic Plans received for review: <ul style="list-style-type: none"> - <u>#29 Pine St.</u> - Septic as-built plan submitted for review. Certificate of Compliance issued. - <u>#7 Aly Raisman Way</u> - Septic as-built plan submitted for review. Certificate of Compliance issued. - <u>#61 Forest St.</u> – Received septic plan for review. (In process.)
Septic – Installation inspections	11 – Septic Installation inspections conducted at: <ul style="list-style-type: none"> - <u>#29 Pine St.</u> – Final septic loam/seed inspection conducted. - <u>#100 Windsor Rd. (x5)</u> – Septic system installation inspections conducted. (As-built plan pending.) - <u>#267 Cartwright Rd. (x5)</u> - Septic system installation inspections conducted. (As-built plan pending.)
Subdivision Reviews	0 – Subdivision reviews conducted
Tobacco Complaints	1 – Tobacco smoke complaint/ 1 Follow-up: <ul style="list-style-type: none"> - <u>Chambers St. Housing</u> – Received complaint about tobacco smoke migrating into occupant’s unit. Worked with NHA in issuing him signage to post and also smoking cessation resources.
Tobacco Insp. (Routine)	0 – Routine Tobacco inspections conducted.

Waste/Trash Hauler Renewals/Permits Issued	1 – Permits issued. - JRM Hauling
Well – Plan Reviews/Approval to Drill Letter	0 – Well Approval to Drill letters issued.
Planning/Special Permit reviews	2 – Special Permit Reviews conducted for: - <u>Major Project Site Plan Special Permit Amendment 2015-05</u> – No comment memo sent. - <u>Proposed Eat Well Restaurant to be located at #946 Great Plain Ave. (old FedEx site)</u> – Comment memo sent.
Zoning Board of Appeals Project reviews	0 – Zoning Board of Appeal reviews conducted.

Yearly

Category	Jul	Au	S	O	N	D	J	F	M	A	Ma	Ju	FY' 18	FY ' 17	FY' 16	Notes/Follow-Up
Biotech	0	0	0	0	2	0	0	0	0	0	0	0	2	2	2	Biotech registrations
Bodywork	3	0	0	0	2	3	0	0	5	1	0	0	14	6	11	Bodywork Estab. Insp.
Bodywork	1	0	0	0	0	5	0	0	0	0	0	0	6	4	3	Bodywork Estab. Permits
Bodywork	3	0	1	0	0	17	0	0	1	1	0	0	22	13	10	Bodywork Pract. Permits
Bottling	0	0	0	1	0	0	0	0	0	0	0	0	1	2	1	Bottling Permit insp.
Demo	9	10	12	16	7	9	7	6	3	9	9	8	105	¹¹²	110	Demo reviews
Domestic Animal Permits/ Insp.	0/0	0/0	0	0	0	0	0	1/1	0/1	0	0	18/1	19/3	^{17/16}	16	Animal permits/ Inspections
Food Service	11	12	19	22	19	14	20	18	21	32	16	21	225	¹⁹⁸	209	Routine insp.

Food Service	1	0	10	4	1	2	4	1	1	1	5	3	32	37	35	Pre-oper. Insp.
Retail	3	3	10	6	7	3	0	9	5	8	3	3	60	69	71	Routine insp.
Resid. kitchen	0	0	1	2	1	0	0	0	2	0	2	0	8	7	11	Routine insp.
Mobile	0	0	0	1	0	0	0	0	2	3	5	2	13	15	9	Routine insp.
Food Service	6	3	3	11	6	7	8	0	3	5	1	4	53	51	50	Re-insp.
Food Service/ Retail	1	0	5	2	1	132	3	0	6	8	11	2	171	177	176	Annual/ Seasonal permits
Food Service	8/4	11/4	12/0	18/9	17/0	20/0	5/1	5/0	10/0	9/0	39/10	9/1	163/29	158/62	107/54	Temp. food permits/ Temp. food insp.
Food Service	0/40	0/24	2/24	0/12	0	0	0	0	1/0	4	6/8	1/19	14/127	7/33	9/16	Farmers Market permits/ Market insp.
Food Service	1/1	2/2	2/2	4/4	3/3	2/2	1/1	1/1	1/1	2/3	1/1	1/1	20/21	13/17	21/21	New Compl/ Follow-ups
Food Service	5	5	6	2	4	4	1	2	4	5	3	1	42	33	32	Plan Reviews
Food Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	Admin. Hearings
Grease/ Septage Haulers	1	0	0	0	0	21	2	0	0	0	0	0	24	24	29	Grease/ Septage Hauler permits
Housing (Chap II Housing)	0/0	0/0	7/0	0/0	0	0	0	0	0	0	0	7/5	14/5	14/4	7/4	Annual routine insp./ Follow-up insp.
Housing	7/7	2/2	2/2	3/3	1/2	0/1	2/2	0	0	1/1	1/1	3/3	22/24	7/11	18/37	New Compl./ Follow-ups
Hotel	0	0	0	0	1	1	0	0	0	1	0	0	3/0	3/0	3/0	Annual insp./Follow-ups
Nuisance	5/5	6/6	0/0	4/4	3/3	4/4	2/2	2/2	4/4	2/2	4/4	6/6	42/42	30/45	44/50	New Compl./ Follow-ups
Pools	0/0	0/0	0/0	0/0	1/2	7/1	0	0/0	0	1/0	3/1	0/3	12/7	13/8	9/3	Pool insp./follow-ups
Pools	0	0	0	0	0	8	0	0	0	0	3	1	12	9	9	Pool permits
Pools	2	2	2	3	3	3	3	5	6	6	4	5	44	19	8	Pool plan reviews
Pools	0	0	0	0	0	4	0	0	1	0	1	1	7	6	4	Pool variances
Septic	0	0	1	1	1	0	0	0	1	1	0	0	5	18	8	Septic Abandon Forms
Septic	0	1	0	0	0	0	0	0	0	0	0	1	2	5	9	Addition to a home on a septic plan rev/approval

Septic	4	0	0	0	5	1	1	0	0	5	1	11	28	43	23	Install. Insp.
Septic	0	0	0	0	0	1	0	0	0	0	0	0	1	0	3	COC for repairs
Septic	2	0	0	0	0	0	0	0	0	0	0	2	4	3	3	COC for complete septic system
Septic	5	4	4	6	5	4	3	5	4	4	3	4	51	62	61	Info. requests
Septic	0	0	0	0	2	0	0	0	0	0	0	0	2	6	8	Soil/Perc Test.
Septic	0	0	0	0	1	1	0	0	0	1	1	1	5	8	6	Const. permits
Septic	0	0	0	0	0	2	5	0	1	0	1	0	9	11	9	Installer permits
Septic	0	0	0	0	0	1	0	0	1	0	1	0	3	6	6	Installer Tests
Septic	0	0	0	0	0	0	0	0	0	2	0	1	3	7	3	Deed Restrict.
Septic	1	2	1	1	1	0	2	3	4	4	1	3	23	14	14	Plan reviews
Sharps permits/ Insp.	0	0	0	0	0/5	8/2	0	1	0	0	0	0	9/7	9	10	Disposal of Sharps permits/Insp.
Subdivision	0/0	0/0	0/0	0	0	0	0	0	0	0	0	0	0	3/1	3/0	Plan review- Insp. of lots /Bond Releases
Special Permit/ Zoning memos	1	0	1	2	1	0	1	0	0	1	6	2	15	12	16	Special Permit/ Zoning
Tobacco	0	0	0	1	10	0	0	0	0	0	0	0	11	12	13	Tobacco permits
Tobacco	0/0	1/0	2/0	4/0	1/0	2/1	1/0	2/1	1/1	4/0	0/0	0/0	18/3	25/6	25/7	Routine insp./ Follow-up insp.
Tobacco	0	0	0	11	0	10	0	0	10	10	0	0	41	34	48	Compliance checks
Tobacco	0/0	0/0	0/0	1/1	0	0	0/0	0	1/1	1/1	0	1/1	4/4	2/2	4/4	New compl./ Compl. follow-ups
Trash Haulers/ Medical Waste Haulers	0/0	0/0	0/0	1	0	0/0	0/1	0	0	8/0	4/0	1	14/1	26/2	30/2	Trash Hauler permits/ Medical Waste Hauler permits
Wells	0	0	0	1/0	0/0	0	0/0	0	1/0	0/0	0	0	2/0	7/3	6/0	Permission to drill letters/ Well permits

FY 18 Critical FBI Violations Chart (By Date)

Restaurant	Insp. Date	Critical Violation	Description
Boony Bunz	8/11/17	- Cold Holding	- Need to ensure that prep refrigerator cold-holding unit temp. is maintained at 41 deg F or below. Had refrigerator prep unit serviced. Work order submitted for our file.
Dunkin Donuts (Highland Ave.)	10/30/17	- Handwash Facilities.	- Need to ensure that there is sufficient hot water, min. 110 deg. F, at front hand wash sink ASAP. Repair made. Follow-up site inspection conducted.
Farmhouse Restaurant	1/9/18	- Food Contact surfaces cleaning and sanitizing	- Ensure that dish machine reaches a min. temperature of 180 deg F or greater for final hot water sanitizing rinse. Had serviced.
Dunkin Donuts (Great Plain Ave.)	1/17/2018	- Handwash Facilities.	Need to ensure that there is sufficient hot water, min. 110 deg. F, at all sinks ASAP. Pilot light was out. Follow-up site inspection conducted and hot water was confirmed.
Town House of Pizza	4/30/2018	- Hot and Cold Holding - Food and Food Protection	Need to ensure that prep. Refrigerator units are maintained at 41' F or below. Observed large prep 58°F/small prep 50°F. -Service receipts were sent in for repairs done on 5/1/2018.
Acapulcos	6/21/2018	- Handwash Facilities - Water, Plumbing and Waste	- Need to ensure that there is sufficient hot water, min. 110 deg. F, at all basement restroom sinks. - Repair toilet in left basement restroom. Need to fix handle and replace tank top.

June, 2018 Monthly Report
Maryanne Dinell- Traveling Meals Program Coordinator

Maryanne Dinell- Traveling Meals Program Coordinator

<i>Description</i>	<i>Reason</i>	<i>Notes/Follow-Up (ongoing, completed, etc.)</i>
Month of June,2018	Residents of Needham, needing help with their daily meals.	43 clients on the Traveling Meals Program 32 Springwell Elder Services, Waltham clients 11 private pay clients - Needham residents
656 2- meal packages were delivered in May, 2018	20 Clients receive meals 5 times a week 11 Clients receive meals 3 days a week 2 Client receives 7 meals within 5 day period	481 meals delivered to Springwell Clients 175 meals delivered to private pay residents Total #656 meals delivered @ 5.50 per meal =cost of \$3608.00
7 new clients on the Program	4 are Springwell consumers 3 Private Pay	2 expected to be short term 2 long term 3 for short term
5 Clients no longer need Program	3 able to be on their own 1 into assisted living 1 into assisted living	able to drive, shop and prepare their own meals 95 year old female not wanting to live along 87 year old male-with the assistance of Needham Human Resource Department moved out of illegal Needham apartment

[illegible]

Meetings, Events, and Trainings

<i>BI</i>	<i>Type</i>	<i>Description/Highlights/Votes/Etc.</i>	<i>Attendance</i>
Board of Health Meeting		Monthly meeting held at PSAP	Staff and Board Members

Donations, Grants, and Other Funding [List any donations received, grants funded, etc. over the past month.]

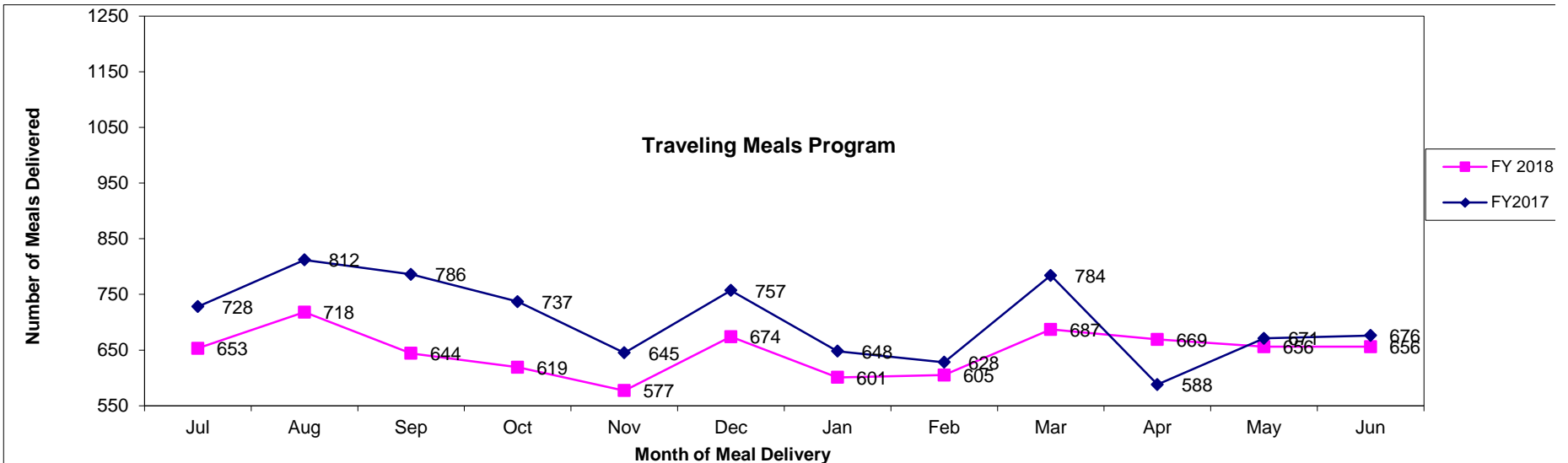
<i>Description</i>	<i>Type (D,G,O)</i>	<i>Amount Given</i>	<i>Source</i>	<i>Notes</i>

Traveling Meals Program

June, 2018

Projected-12 Mo.	
\$	3,591.50
#	7,759

Month	# Meals FY2017	# Meals FY2018	FY18 Cost	% Change # Meals
<u>Jul</u>	728	653	\$3,591.50	-10%
<u>Aug</u>	812	718	\$3,949.00	-12%
<u>Sep</u>	786	644	\$3,542.00	-18%
<u>Oct</u>	737	619	\$3,404.50	-16%
<u>Nov</u>	645	577	\$3,173.50	-11%
<u>Dec</u>	757	674	\$3,707.00	-11%
<u>Jan</u>	648	601	\$3,305.50	-7%
<u>Feb</u>	628	605	\$3,327.50	-4%
<u>Mar</u>	784	687	\$3,778.50	-12%
<u>Apr</u>	588	669	\$3,679.50	14%
<u>May</u>	671	656	\$3,608.00	-2%
<u>Jun</u>	676	656	\$3,608.00	-3%
Totals:	8,460	7,759	42,674.50	



Needham Public Health Department

Catherine Delano, Senior Substance Use Prevention Program Coordinator
June 2018 Monthly Report

Section 1: Highlights

- Action team meetings
- Youth Diversion Coordinator has started with the first two youth
- Assisted Youth and Family Services with SAAP students weekly
- Met with Rachel Greenberg about continuing and finishing Needham Housing Needs Assessment
- Participated in SAPC leadership meeting
- Participated in Communication/Leadership training with Jon Wortmann
- Completed MetroWest Health Foundation Leadership Program
- Participated in SIRA inspection with Tara G. and Diana A.
- Held a strategic planning meeting for DFC team
- Participated in Middlesex DA Opioid Task Force Meeting
- Participated in MassTAPP DFC and SAPC statewide meeting
- In the process of finalizing MWAHS Optional Questions with Needham School Administration
- Held SPAN Steering Committee meeting

Section 2: Goals

- Find a central location for the Division to work
- Build SPAN capacity/community recognition
- Build youth coalition capacity
- Conduct youth focus groups
- Begin referral process for Youth Diversion Program by early summer 2018

Needham Health Department
Monica De Winter, Program Support Assistant
Karen Shannon, Program Support Assistant
June 2018 Monthly Report

Section 1: Summary

In the month of June we held our last Action Team and Steering Committee meetings until August with an emphasis on reflecting on coalition accomplishments and discussing opportunities for improvement.

Section 2: Administration

<i>Activity</i>	<i>Notes</i>
Data input	Entered accomplishments and outputs to REACH software.
Prepared agenda, minutes and email correspondence	For Needham Parent Care and Prescription Drug Action Team. Updated distribution SPAN list.
Prepare agenda	SPAN Steering Committee meeting
Posted NPC Monthly Parent Message	Edited and sent June Parent Messaging article, "Emotion Coaching for Dads," to the Needham Public Schools and social media.
Prescription Drug – NHS Poster Campaign	Posters created by NHS students were delivered, approved and distributed through NHS
Tutorial on SPAN website	Karen and Monica met with Summer to learn editing on SPAN website on new platform: Square Space.

Section 3: Meetings & Conferences

<i>Title</i>	<i>Description</i>	<i>Attendance</i>
Facilitative Leadership training with Jon Wortmann	Discussed communication and leadership styles	4
Emergency Procedures Training	Reviewed procedures for RUN HIDE AND FIGHT training	many
Prescription Drug Action Team meeting, 6/8	Discussed NHS posters, need for pharmacy medication kiosk, and reviewed other accomplishments.	7
Norfolk District Attorney's Prevention Coalition meeting, 6/13	Received updates on fatal overdoses, brainstormed prevention strategies for upcoming year.	10
NPC meeting, 6/14	Needham Parents Care – acknowledged volunteers for their service, discussed the year's successes and challenges and ongoing work.	9
SPAN Steering Committee mtg, 6/20	Reflection on coalition's accomplishments, began strategic planning for upcoming year.	9
Prevention Team Meeting, 6/21	Catherine, Karen S., Karen M., Monica and Summer met for strategic planning.	5
2018 MA Symposium on Gambling Problems, 6/26	Karen attended day-long conference on gambling disorder. Hosted by MA Council on Compulsive Gambling. Norwood, MA	50

Needham Public Health Department

June 2018

Substance Abuse Prevention & Education
SPAN (Substance Prevention Alliance of Needham)
Karen Mullen, Project Coordinator

Section 1: Activities

<i>Activity</i>	<i>Notes</i>
Meetings:	
SPAN Steering Committee Meeting	Discussed 2017-18 accomplishments and opportunities for 2018-19
Prevention Team Meeting	Reviewed SPAN strengths, weaknesses and opportunities
Needham Parents Care Year-End Meeting	Brainstormed ways to extend messaging/articles to Needham Parents/Caregivers
Meeting w/C. Delano	Discussed NHS Student Conference Planning/next steps
HHS Staff Meeting	Discussed department updates, reviewed key initiatives
Events:	
Department Training (1)	Dept. Leadership Training with Jon W.
Town of Needham Prevention Training	Active Shooter Training
Administration:	Prepare Monthly Report, time sheets
	SALSA Administration- Prepare NHS Conference materials for meetings, Update SALSA volunteer hours, update new member contact information to include new rising freshmen members
Project Management:	SALSA Membership Event- Purchased materials for event, transported materials to NHS, briefed student volunteers

Substance Use Prevention and Education ~ Initiative Highlights

Needham NPHD, Needham SPAN and Substance Abuse Prevention Collaborative (SAPC) grant* collaboration with the towns of Dedham, Needham, Norwood and Westwood.

SAPC grant

Town coalition meetings:

Dedham Prevention coalition: June 5th Dedham Town Hall 9:00am

Impact Norwood coalition: June 21st Norwood High School 3:00pm *Conflict QPR Training*

Westwood Cares coalition: *No meeting scheduled*

Needham SPAN coalition: *No meeting scheduled*

SAPC program, capacity building and strategy implementation preparation:

(1) SAPC Alcohol Compliance Check program support- operative identification (2) Public Health Directors, SAPC process evaluation survey (3) AlcoholEdu parent course initiative- last minute social media options: coaches , parent programs and final school newsletters (4) SAPC Westwood *PhotoVoice* stakeholder outreach (5) SAPC FY18 budget amendment review and submission Virtual Gateway- EIM system (6) TIPS trainings, November programs for Section 15 and Section 12 alcohol licensees: training dates, location confirmation, scope of work, Mike Marcantonio and final schedule communication with SAPC Leadership.

SAPC Leadership Team meeting: June 11th Review and discussion of action plan initiatives and pending prevention events: (1) SAPC FY18 budget amendment approval BSAS (*AlcoholEdu* program capacity building, June check in with school Health Educators for final report) (2) Police Alcohol Compliance Check program update, sales to minors violations 3 towns- TIPS training options (3) Parent initiative: *AlcoholEdu for High School*, distribution plan (electronic and hard copy) distribution (4) NPN 2018 conference attendance confirmation (S. Reiss- Norwood- C. Cardinale and J. Tracy- Dedham) August 2018 (5) *PhotoVoice*: Emily Sanders, Youth Engagement coordinator. Review youth meeting schedules by town, meeting location compatibility for youth, weekly question prompt content and successes and barriers with youth communication (6) Community Awareness poster campaign Dedham final poster completed (7) SAPC process evaluation meeting schedule with Public Health Directors (4 towns).

SAPC Youth Engagement Intern meetings: June 1st, 11th 20th and 28th Emily Sanders, BUSPH, MPH candidate. SAPC Youth Engagement intern, *Photo Voice* program planning, including final outreach to contacts in Westwood to recruit youth including lunch room, art classes, sports teams and parks and recreation counselors. Review of weekly meeting schedules (Needham, Norwood and Dedham, number of youth committed, meeting location compatibility, barriers and successes on weekly question prompts and youth feedback.

MDPH/BSAS- AdCare Aging With Dignity Conference: June 6th *Preventing and Responding to Substance Use and Related Problems in Older Adults*. Keynote speakers: Joanne Peterson, Founder, Learn to Cope peer support groups - Sean Cahill, PhD, Director, Health Policy Research, Fenway Institute: *Supporting Resiliency and Reducing Substance Use Among LGBT Older Adults*. Workshops: Allison Burns, PharmD, RPh, RCP *Aging and Addicted: Age Focused Medication Management*- Susan Hochstedler, RN, LADC- 1: *Addiction is a Brain Disease*- Janet Smeltz, M.Ed., LADC-1, CADC *Making Connections: Tobacco Use, Medications and Recovery*.

Rotary International: June 5th Conference Call Heidi Heilman, Edventi and Paul Sullivan, Newton Rotary. Review and discussion of May 29th forum: *Lets Talk About Addiction: to learn about the driving forces of addiction and what works to protect young people, families and communities from drug use and addiction*. Medical experts in attendance: Dr. Bertha Madras, Harvard Medical School, Dr. Amy Turncliff and Dr. Antje Barraveld and Dr. Catherina Armstrong. World Café model, Edventi media, 5 videos on tobacco, marijuana, brain science of addiction, alcohol and opioids. Rotary goals: Community conversations on the impact of alcohol, tobacco and marijuana on youth, the progression of substance dependence and addiction as a chronic, relapsing brain disease and local level public health policies to impact access and availability to substances. Table facilitators: Jody Hensley, M.Ed., Amanda Decker, CPS, Lyn Frano, CPS, Carol Read, M.Ed., CPS, Cory Mashburn, M.Ed., Judy Margulies, Ph.D., Katie Sugarman, MPH and Bonnie White, MCPHS.

Representative Denise Garlick: June 11th Community informational event outlining FY18 initiatives supporting Needham, Dover and Medfield (Precincts 1 &2) House Chair of the Joint Committee on Mental Health, Substance Use and Recovery.

Norfolk District Attorney Prevention meeting: June 13th Michael Morrissey District Attorney, Jennifer Rowe Assistant District Attorney. Norfolk county Public Health, Prevention and Emergency services provider networking, final FY18 meeting. Distribution of Pediatrician project posters, introductory letter and SBIRT informational folders, information sharing and meeting planning for FY19.

Westwood Public Health Department: June 14th SAPC grant process evaluation, Linda Shea, Director and Tiffany McCarthy, Public Health Nurse. Review of SAPC grant three year program goals, discussion of Leadership Team processes, procedures of decision making, meeting structure, communication processes, prevention implementation successes and barriers, identification of town specific capacity building challenges and identification of current support services from Program Manager. Request for ideas for expansion and improvement. Data will be compiled and shared with SAPC Leadership Team.

SAMHSA – MDPH/BSAS state DFC meeting: June 15th Networking and collaboration meeting, Jose Morales, Director of Prevention, BSAS- MDPH. Dan Fletcher, MPA Senior Public Health Advisor, SAMHSA: Overview of the DFC program and Strategic Prevention Framework, policy and advocacy. Facilitated by MassTAPP, Lauren Gilman. Keynote presentation: Colleen Labelle, MSN, RN-BC, Director Boston Medical Center's Office Based Addiction Treatment (OBAT): *The Opioid Epidemic and the Tools of Treatment*. Prevention presentations: Heather Warner, MPH, SPIFFY Coalition- Hampshire County, Sigalle Reiss, MPH, Impact Norwood, Edward Jacobs, DAA, Plymouth County Drug Abuse Task Force: *The Role of Childhood Trauma in Substance Use Adverse Childhood Experiences (ACES) as guiding principal in prevention*, member of the Brockton Area Prevention Collaborative.

Needham Public Health Division: June 15th SAPC grant process evaluation, Timothy McDonald, Director Health and Human Service Department. Review of SAPC grant three year program goals, discussion of Leadership Team processes, procedures for decision making, meeting structure, communication processes, prevention implementation successes and barriers, identification of town specific capacity building challenges and identification of current support services from Program Manager. Request for ideas for expansion and improvement. Data will be compiled and shared with SAPC Leadership Team.

Dedham Public Health Department: June 28th SAPC grant process evaluation, Cathy Cardinale, Director and Jessica Tracy, Public Health Nurse. Review of SAPC grant three year program goals, discussion of Leadership Team processes, procedures for decision making, meeting structure, communication processes, prevention implementation successes and barriers, identification of town specific capacity building challenges and identification of current support services from Program Manager. Request for ideas for expansion and improvement. Data will be compiled and shared with SAPC Leadership Team.

NPHD – SPAN initiatives:

NPHD programs meeting preparation outreach for research and resource gathering: (1) NPHD monthly report (2) Alcohol compliance operative outreach (3) 2018 MWAHS question review- optional question advocacy including access and availability of tobacco, alcohol, marijuana and e- cigarettes (3 towns)

Town Accountant: June 4th SAPC FY18 budget amendment upload, Virtual Gateway – EIM system. Funding reallocation by UFR code approved by Amal Marks, Grant Manager BSAS. Michelle Vaillancourt..

NPHD Dawn Stiller: June 4th Review of timeframe for NPN Conference registration, final status of FY18 invoices, FY18 expense reimbursements and purchase order requests for FY19.

Rosemary office complex tour: June 5th Public Health Division staff tour of Rosemary office building.

Town Accountant: June 12th *Conference call*. SAPC financial reimbursement submission Virtual Gateway system (May 2018 expenses) Michelle Vaillancourt and Dawn Stiller.

Community Crisis Intervention Team (CCIT): June 13th Core Team meeting, Needham Police Department. Lt. Chris Baker, Donald Anastasi, Eddie Sullivan, Donna Carmichael, Tiffany Zike, Jessica Moss, Kerrie Cusack, Kristen Lindley, Catherine Delano, Katy Colthart, John McGrath and Ben Gross Riverside EST. Stakeholder collaboration to support residents navigating acute and chronic substance use disorders and/or mental health conditions.

Newton Wellesley Hospital: June 13th Community Agency meeting. Facilitated by: Lauren Lele, Director Community Benefits and Volunteer Services. Presentation on NWH Substance Use Services program, adults 18 years by Dr. Antje Barreveld, Medical Director and Dr. Catharina Armstrong, Associate Director. Updates on protocols and procedures for intake and referrals, professional staffing additions, services provided (individual therapy, group therapy and family supports) insurance parameters and program goals FY19. Public Health Departments: Needham- Wellesley, Waltham, Watertown and Newton.

Performance Evaluation meeting: June 15th Review and discussion of Town of Needham annual employee evaluation standard form with Tim McDonald, Director Health and Human Services.

Hope House Boston - Needham prevention: June 18th Fred Newton, LADC-1, President HOPE House. Fundraising initiative to support Needham substance use prevention efforts, collaboration with a Needham family who has lost a young adult child to overdose. Draft text for website regarding Needham public health and prevention initiatives. Inaugural fundraising golf tournament, October 2018.

SPAN Steering Committee: June 20th Substance Prevention Alliance Needham (SPAN) quarterly meeting. Review of FY18 achievements, planning for capacity building FY19. Catherine Delano, Director, Dr. Kathy Pinkham, Director Health Education Needham Public Schools, Lt. Chris Baker, Needham Police Department, Katy Colthart, LICSW, Needham Youth Services and Needham Public Health Division prevention staff.

Newton Wellesley Hospital- Charles River Regional Opioid Task Force: June 20th Inaugural meeting. An initiative of Middlesex District Attorney Marian T. Ryan, collaboration with NWH physicians and staff and community stakeholders from NWH catchment area towns: Needham, Newton, Waltham, Watertown and Wellesley. Welcome, Dr. Michael Jaff and Newton Mayor, Ruthanne Fuller. Remarks by Marina Ryan on a systems approach to addressing the addiction crisis encompassing 6 areas of focus. Presentation of the scope of the NWH Substance Use Services program: Dr. Antje Barraveld, Director, and Dr. Catharina Armstrong, Associate Director. Community Spotlight: Newton PATH – Prevention, Awareness, Treatment, Hope for Substance Use Disorders- Deborah C. Youngblood, PhD., Commissioner of Health and Human Services, Newton.

QPR Training: June 21st Question- Persuade- Refer (QPR) Suicide gatekeeper facilitator training. NREPP Evidence-based program which teaches identification of crisis, the warning signs of suicide risk, strategies to communicate with a person in crisis, and tools to engage others in supporting people in crisis www.qprinstitute.com Sarah Gaer, LICSW, QPR Master Trainer.

Suicide Intervention Training: June 26th Safety Plan Intervention (SPI) training. Facilitated by: Barry N. Feldman, Ph.D. Director of Psychiatry Programs in Public Safety, Assistant Professor of Psychiatry, UMASS Medical School. Kelley Cunningham, Director Suicide Prevention Unit, MA DPH, Division of Violence and Injury Prevention. A 6 step collaboration process with a person in crisis to recognize the warning signs of suicidal risk through targeted questions, creating a plan including prioritized list of coping strategies and activities to activate independently to prevent suicidal ideation from escalating and a list of people to contact as support resources if crisis does not resolve or risk does not decline.

NPHD Staff meeting: June 28th Review and discussion of division updates, Rosemary office update and staff progress reporting. Lynn Schoeff, Review of NPHD Accreditation components including the creation of a NPHD Strategic Plan, CNHA and CHIP and the 12 Domains of accreditation 1-10 Public Health Services 11- Management and administration and 12- Governance. Staff roles and responsibilities for targeted domain requirements.

SAPC FY18 budget: June 28th Financial review of funding allocations and expenditures YTD for staff salary, consultant fees and program costs in preparation of FY18 close. Tim McDonald & Dawn Stiller PSAB

Community outreach and support

Resident Support: Respond to calls or meeting requests related to mental health conditions and/or substance use disorder. Referral to counseling, assessment, treatment and recovery resources. Three referral actions – older resident referred to NWH Substance Use Services program. Other resident referred to Suicide support resources from grief /loss. Younger adult referred to mental health provider.

4 hours personal time: June 12th Respectfully submitted by Carol Read July 12, 2018

*SAPC technical assistance calls, coordinator meetings, and compliance related to the SAPC grant program are extensively documented in the BSAS-SAPC online quarterly reports.



NEEDHAM PUBLIC HEALTH DIVISION



Accreditation Update

July 10, 2018

Lynn Schoeff

Activity	Notes
Staff training	<ul style="list-style-type: none">Continued the staff orientation to Public Health Accreditation at the June staff meeting. Focus was on Domain 3 (Inform and educate about public health issues).11 out of 17 staff members have completed all four Public Health Accreditation Board on-line orientation sessions.
Policies and procedures	<ul style="list-style-type: none">25 public health policies and procedures were finalized, signed, and placed in the NPHD Policy and Procedure Manual.In addition, 5 policies and procedures that apply to all Health and Human Services programs were finalized and signed.Finally, 33 policies and procedures were placed in the Town's Standard Operating Procedures folder. This system was developed in April 2018.
Documentation for accreditation	Working with an online network of local and state public health departments that shares documents, templates, and resources that will be helpful to Needham as we pursue accreditation.

Other activities this month:

- Lynn is exploring grant funding options to support the healthy aging initiative.



NEEDHAM PUBLIC HEALTH DIVISION



	Unit	Policy Name	Policy Number	Draft	Final Draft	Final Final	Signed
1	ADM	Policy on Policies	HHS-PH-ADM-100	2/15/2017	9/29/2017	12/20/2017	6/1/18
2	ADM	Payroll	HHS-PH-ADM-102	10/27/2017	10/27/2017	12/20/2017	6/5/18
3	ADM	Legal Notice	HHS-PH-ADM-103	1/12/2017	1/18/2017	12/22/2017	6/1/18
4	ADM	Contract	HHS-PH-ADM-104	3/23/2017	3/23/2017	12/21/2017	6/21/18
5	ADM	Snow Policy	HHS-PH-ADM-105	2/8/2017	12/4/2017	12/20/2017	
6	ADM	BOH Meeting Packets	HHS-PH-ADM-108	10/27/2017	10/27/2017	12/21/2017	6/5/18
7	ADM	BOH minutes	HHS-PH-ADM-109	10/27/2017	10/27/2017	12/21/2017	6/21/18
8	ADM	Closing old files	HHS-PH-ADM-110	8/7/2017	8/7/2017		6/1/18
9	ADM	Staff Continuing Education	HHS-PH-ADM-111	1/22/18			6/1/18
10	EH	Food Permit	HHS-PH-EH-100	1/5/2017	12/22/2017	12/22/2017	6/20/18
11	EH	Food Code Enforcement	HHS-PH-EH-101	8/14/2017	8/14/2017	12/22/2017	6/20/18
12	EH	Mobile Food Vendors	HHS-PH-EH-102	11/6/2017			
13	EH	Residential Kitchen Permits	HHS-PH-EH-103	11/27/2017	12/5/2017	12/22/2017	6/20/18
14	EH	Farmers Market	HHS-PH-EH-104	10/18/2017	1/29/2018	4/9/2018	6/20/18
15	EH	Temporary Food Event Permit	HHS-PH-EH-105	10/19/2017	12/22/2017	12/29/2017	
16	EH	Housing-Occupant Complaints	HHS-PH-EH-106	1/7/2017	11/8/2017	12/22/2017	
17	EH	Condemning a House	HHS-PH-EH-107	10/18/2017	12/22/2017		
18	EH	Synthetic Turf	HHS-PH-EH-108	12/28/2016	1/30/2018		
19	EH	Bed Bug Protocol	HHS-PH-EH-109	1/9/2017	12/22/2017	12/28/2017	6/1/18
20	EH	Off-Street Drainage Bonds	HHS-PH-EH-110	8/14/2017	1/29/2018	1/29/2018	6/20/18
21	EH	Foodborne Illness	HHS-PH-EH-111	11/28/2017	12/5/2017	12/22/2017	
22	EH	Tobacco Sales Permit	HHS-PH-EH-112	11/28/2017	11/28/2017		6/20/18
23	EH	Tobacco Compliance Checks	HHS-PH-EH-113	10/24/2017	11/7/2017	12/22/2017	6/20/18
24	EH	Asbestos	HHS-PH-EH-114	11/27/2017			
25	EH	Pools	HHS-PH-EH-115	10/31/2017			
26	EH	Food Sampling	HHS-PH-EH-116	12/11/2017			
27	EH	Hotel Inspections	HHS-PH-EH-117	1/8/2018	1/18/2018		
28	EH	Lead & Copper	HHS-PH-EH-119	4/17/2018	5/25/2018	5/29/2018	5/30/18
29	EH	Grease Traps	HHS-PH-EH-120	5/18/2018		5/30/2018	5/30/18
30	PHN	Anaphylactic Protocol	HHS-PH-PHN-100	3/22/2017	9/25/2017	12/26/2017	
31	PHN	Rabies response	HHS-PH-PHN-102		8/14/2017	12/26/2017	
32	PHN	Recreational Camps	HHS-PH-PHN-103	9/19/2017	10/17/2017	12/26/2017	
33	PHN	Senior Home Safety Assess	HHS-PH-PHN-104	8/14/2017	10/17/2017	12/26/2017	
34	PHN	Tanning facility license	HHS-PH-PHN-105	9/19/2017	11/8/2017	12/26/2017	6/29/18
35	PRV	SPAN Coalition Meetings	HHS-PH-PRV-100	10/17/2017	10/17/2017	3/27/2018	
36	PRV	Database for Prevention	HHS-PH-PRV-101	12/28/2017	1/19/2018		
37	PRV	Hidden in Plain Sight	HHS-PH-PRV-102	12/28/2017	3/27/2018		



NEEDHAM PUBLIC HEALTH DIVISION



38	PRV	Team meetings	HHS-PH-PRV-103	12/28/2017			
39	PRV	Steering Committee	HHS-PH-PRV-104	12/28/2017			
40	PRV	Community Crisis Intervention	HHS-PH-PRV-105	12/11/2017	12/28/2017		
41	PRV	High School Poster Project	HHS-PH-PRV-106	1/18/2018	4/2/2018		
42	PRV	Drug Take Back Days	HHS-PH-PRV-107	1/18/2018	3/27/2018		
43	TM	Volunteer Guidelines	HHS-PH-TM-100	12/28/2016	9/20/2017	12/28/2017	
44	TM	Packer procedures	HHS-PH-TM-101	9/20/2017	9/25/2017	12/28/2017	
45	TM	Daily labels	HHS-PH-TM-102	9/20/2017	9/20/2017	12/28/2017	
46	TM	Allergies & Special Diets	HHS-PH-TM-103	9/25/2017	9/28/2017	12/28/2017	
47	TM	Driver procedures	HHS-PH-TM-104	9/20/2017	12/28/2017	12/29/2017	
48	TM	Safety Checks	HHS-PH-TM-105	9/14/2017	9/19/2017	12/28/2017	
49	TM	Snow Emergency	HHS-PH-TM-106	12/28/2016	5/26/2017	12/28/2017	
50	EH.PHN	Hoarding Response	HHS-PH-ADM-100	3/15/18			

**Needham Public Health Department
Rachael Greenberg, Public Health Associate
June 2018 Monthly Report**

Safety at Home Program

The Town continues to move forward its Safety at Home Program, which will provide home safety visits to reduce falls among older adults in Needham.

Program activities completed in June 2018 include:

- Completed formal progress reports to the MetroWest Health Foundation
- Continued improvement on program protocol and forms
- Continued development of an evaluation plan
- Continued to identify and reach out to potential partners for cross-referrals
- Developing year-round plan to offer Matter of Balance sessions to program participants (and Needham residents overall), in collaboration with Aging Services
- Pilot home visits began with three pilot visits completed to date

Housing Authority Assessment

The Town is continuing work began during Summer 2017 to identify assets and needs of residents of the Needham Housing Authority. Prior work included key informant interviews and limited focus groups.

In May, the Town held six focus groups – two in English, two in Mandarin, and two in Russian. 14 English-speaking participants attended and 4 Mandarin-speaking individuals attended. No Russian-speaking individuals attended, so the Town is planning to reach out to identified Russian-speaking leaders within the Housing Authority to conduct interviews, in lieu of focus groups, in order to engage this population. The Town will also disseminate a survey after the focus groups to obtain broader, quantifiable data. During June, staff began analyzing data, identifying a Russian-speaking individual to interview, and developing the survey.

Accreditation

- To assist with the Town's accreditation efforts, research continues to be conducted to begin work on a Community Health Assessment.
- Beth Israel Deaconess - Needham has agreed to partner with the Town on its 2019 Community Health Needs Assessment to reduce costs for both parties and leverage resources. Beth Israel's assessment will be used to inform the Town's Community Health Assessment. In June, a contractor to work with Beth Israel on its assessment was identified and connected to the Town.
- The Town is also exploring how to conduct a general adult health survey to inform the Community Health Assessment and the Town's work overall.

Other

- Participating in the 18-week Managing Effectively in Today's Public Health Environment course, conducted by the Local Public Health Institute of MA.

Public Health Nurse Report FY2018
Donna Carmichael and Tiffany Zike

COMMUNICABLE DISEASES:	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	Apr	MAY	JUN	T18	T17	T16
BABESIOSIS			1	2	1								4	2	0
Borrelia Miyamota													0	0	1
CAMPYLOBACTER		1	2	3		1	1		2		1	3	14	7	9
CRYPTOSPORIDIUM				1									1	0	0
Cyclosporiasis			1										1	0	0
Dengue													0	1	
E-Coli													0	0	0
EHRlichiosis/ HGA		1					1						2	2	2
Enterovirus					1								1	1	3
GIARDIASIS							1						1	2	1
Haemophilus Influenza												1	1	1	0
HEPATITIS B		1	2				1	1			2		1	8	5
HEPATITIS C			1		3		1	2	1		2	3	1	14	12
Influenza		1				5	70	97	26	12			211	108	102
Legionellosis			1				1						2	0	0
Listeriosis													0	0	1
LYME		9	12	2	2	3	3	4	2	5	6	2	3	53	58
MEASLES													0	0	0
MENINGITIS													0	0	0
Meningitis(Aseptic)				1									1	2	0
Mumps													0	0	2
Noro Virus					1					1	1		3	2	2
PERTUSSIS		1											1	4	1
SALMONELLA		2								1			3	2	5
SHIGA TOXIN													0	1	0
SHIGELLOSIS													0	0	3
STREP Group B			1										1	0	3
STREP (GAS)				1									1	0	1
STREP PNEUMONIAE				1				2					3	0	0
TUBERCULOSIS													0	0	0
TULAREMIA													0	1	0
Latent TB- High Risk													0	1	1
Varicella		1	1		2		2	1			5		12	10	9
Vibrio													0	1	1
West Nile virus													0	0	0
Zika			1										1	1	0
TOTAL DISEASES	17	23	11	8	6	16	80	102	33	29	6	8	339	221	222
Revoked Diseases Investigated	1	3	2										6	13	8
Contact Investigation										2			2	1	0

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ANIMAL TO HUMAN BITES	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	Apr	MAY	JUN	T18	T17	T16
DOG	8	3	4	5		2	2	3	1	1	6	7	42	15	8
CAT													0	0	2
BAT		3					1		2	1		1	8	5	5
SKUNK													0	0	1
RACCOON													0	0	0
other											1		1	1	0
TOTAL BITES	8	6	4	5	0	2	3	3	3	2	7	8	51	22	10

IMMUNIZATIONS	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	FY18	FY17	FY16
B12	2	2	2	2	2	2	2	2	2	2	2	2	24	22	23
Flu (Seasonal)	0	0	0	337	164	7	5	9	0	0	0	0	522	674	816
TDap	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Varicella	0	0	0	0	0	0	0	2	0	0	0	0	2	0	0
Consult	19	11	19	9	9	18	30	47	51	39	22	45	319	592	475
Fire/Police	8	3	0	0	3	6	4	10	5	5	3	12	59	80	40
Schools	3	2	12	0	0	3	3	6	2	2	5	4	42	106	88
Town Agencies	6	4	6	6	5	8	15	30	40	30	10	25	185	246	216
Community Agencies	2	2	1	3	1	2	8	1	4	2	2	4	32	160	139

ASSISTANCE PROGRAMS	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	FY18	FY17	FY16
Food Pantry	1	2	0	2	4	2	0	2	0	0	0	0	13	20	21
Food Stamps	0	0	0	0	0	0	0	0	0	0	0	0	0	4	6
Friends	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1-\$300
Gift of Warmth	2	2	0	3	1	1	2	1	3	4	0	1	20(\$7250)	11	17
Good Neighbor	1	0	0	0	0	0	0	1	2	1	0	0	5 \$425/fam	8	5
Park & Rec	0	0	0	0	0	0	0	1	0	0	0	0	1	2	5
RTS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Salvation Army	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Self Help	0	2	1	2	3	8	6	3	2	3	2	2	34	46	27
Water Abatement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2

Gift of Warmth Donations

Gift Cards - 1 Family - 2 gift cards

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WELLNESS PROGRAMS	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	FY18	FY17	FY16
Office Visits	22	46	31	40	41	34	40	55	32	29	44	53	467	481	447
Safte Visits	1	0	0	0	1	2	3	1	0	0	1	1	10	7	10
Clinics	0	0	0	0	0	0	0	0	0	0	0	0	0	0	31
Housing Visit	3	2	0	0	1	1	5	1	0	0	0	2	15	6	8
Housing Call	12	10	2	1	14	10	25	10	15	8	1	2	110	37	70
Camps-summer	3	8	8	0	0	0	0	0	11	11	7	12	60	50	72
Tanning Insp	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Articles	0	0	0	1	0	0	2	0	0	0	0	0	3	3	2
Presentations	0	0	1	2	2	1	2	3	2	2	0	1	16	0	2
Cable	0	1	0	1	0	0	0	0	0	0	0	0	2	5	1

EMPLOYEE WELLNESS	July	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	FY18	FY17	FY16
BP/WELLNESS - DPW/RTS	12	16	12	15	14	12	10	12	12	12	10	11	148	169	120
FLU VACCINE	0	0	0	24	12	2	2	0	0	0	0	0	40	48	87
CPR/AED INSTRUCTION	0	0	0	0	0	0	0	0	0	0	0	0	0	31	26
SMOKING Education	0	0	1	0	0	0	0	1	0	0	2	50	54	14	9
HEALTH ED Tick Borne	100	20	12	0	0	0	0	0	0	0	0	0	132	90	67
HEALTH ED Mosquito Borne	100	20	12	0	0	0	0	0	0	0	0	3	135	80	80
HEALTH ED FLU	0	0	8	200	22	10	18	16	10	5	0	0	289	160	327
FIRST AIDE	5	4	3	3	2	2	4	3	5	5	7	10	53	61	34
GENERAL HEALTH EDUCATION	5	8	10	6	5	5	25	20	15	30	50	7	186	258	188
Police weights	0	0	0	0	17	2	0	0	0	0	19	2	40	43	33
TOTAL EMPLOYEE CONTACTS	222	68	58	248	72	33	59	52	42	54	136	33	1077	954	1028

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MEETINGS, EVENTS, TRAININGS

<i>Title</i>	<i>Description/Highlights/Votes/Etc.</i>
Communtiy Meeting	Newton-Wellesley Hospital
CCIT	Monthly Meeting
MRPC	Year-End review meeting
Emergency Planning	Review of EDS and CoOp with Neia Illingworth – x2
DVAC Meeting	Monthly meeting
	DVAC Table at Needham Street Fair
Oreitntation to Local Publc Health	Meeting in Devens
Town Hall Meeting	Active Shooter
MHOA	Quarterly Meeting
Staff Meeting	Monthly meeting with staff updates
Healthy Aging	Meetings x2
Summer Camps	Site Visits
	Review Paperwork
Presentations	Education Board at CATH –Dog Bites and Leash Law
PHAB	Accreditation Webinars
Substnace Use Prevention	SPAN monthly meeting
	SAPC monthly meeting
	Regional Opioid Task Force at Newton-Wellesley

Emergency Planning: LEPC, Region 4B, NC7



Board of Health

Edward Cosgrove, PhD
Member

Stephen Epstein, MD, MPP
Vice Chair

Jane Fogg, MD, MPH
Chair

ARTICLE 1

Regulation Affecting Smoking and the Sale and Distribution of Tobacco Products in Needham

A. Statement of Purpose:

Whereas there exists conclusive evidence that tobacco smoking causes cancer, respiratory and cardiac diseases, negative birth outcomes, irritations to the eyes, nose and throat¹;

Whereas the U.S. Department of Health and Human Services has concluded that nicotine is as addictive as cocaine or heroin² and the Surgeon General found that nicotine exposure during adolescence, a critical window for brain development, may have lasting adverse consequences for brain development,³ and that it is addiction to nicotine that keeps youth smoking past adolescence.⁴

Whereas a Federal District Court found that Phillip Morris, RJ Reynolds and other leading cigarette manufacturers “spent billions of dollars every year on their marketing activities in order to encourage young people to try and then continue purchasing their cigarette products in order to provide the replacement smokers they need to survive” and that these companies were likely to continue targeting underage smokers⁵;

Whereas more than 80 percent of all adult smokers begin smoking before the age of 18, more than 90 percent do so before leaving their teens, and more than 3.5 million middle and high school students smoke;⁶

¹ Center for Disease Control and Prevention, (CDC) (2012), *Health Effects of Cigarette Smoking Fact Sheet*. Retrieved from: http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm.

² CDC (2010), *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease*. Retrieved from: http://www.cdc.gov/tobacco/data_statistics/sgr/2010/.

³ U.S. Department of Health and Human Services. 2014. *The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General*. Atlanta: U.S. National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, p. 122. Retrieved from: <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>.

⁴ *Id.* at Executive Summary p. 13. Retrieved from: <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/exec-summary.pdf>

⁵ *United States v. Phillip Morris, Inc., RJ Reynolds Tobacco Co., et al.*, 449 F.Supp.2d 1 (D.D.C. 2006) at Par. 3301 and Pp. 1605-07.

⁶ SAMHSA, Calculated based on data in 2011 National Survey on Drug Use and Health and U. S. Department of Health and Human services (HHA).

Whereas 18.1 percent of current smokers aged <18 years reported that they *usually* directly purchased their cigarettes from stores (i.e. convenience store, supermarket, or discount store) or gas stations, and among 11th grade males this rate was nearly 30 percent;⁷

Whereas the Institute of Medicine (IOM) concludes that raising the minimum age of legal access to tobacco products to 21 will likely reduce tobacco initiation, particularly among adolescents 15 – 17, which would improve health across the lifespan and save lives⁸.

Whereas the 2014 MetroWest Adolescent Health Survey (MHAWS) results show that 8% of Needham high school students used cigarettes on at least one day of the 30 days before the survey, compared with 5% of students in 2012. And whereas the 2014 MetroWest Adolescent Health Survey (MHAWS) results show that 19% of Needham high school students used cigarettes in their lifetime, compared with 17% of students in 2012.⁹

Whereas cigars and cigarillos, can be sold in a single “dose;” enjoy a relatively low tax as compared to cigarettes; are available in fruit, candy and alcohol flavors; and are popular among youth¹⁰;

Whereas research shows that increased cigar prices significantly decreased the probability of male adolescent cigar use and a 10% increase in cigar prices would reduce use by 3.4%¹¹;

Whereas 59% of high school smokers in Massachusetts have tried flavor cigarettes or flavored cigars and 25.6% of them are current flavored tobacco product users; 95.1 % of 12 – 17 year olds who smoked cigars reported smoking cigar brands that were flavored;¹²

Whereas the Surgeon General found that exposure to tobacco marketing in stores and price discounting increase youth smoking;¹³

Whereas the federal Family Smoking Prevention and Tobacco Control Act (FSPTCA), enacted in 2009, prohibited candy- and fruit-flavored cigarettes,¹⁴ largely because these flavored products were marketed to youth and young adults,¹⁵ and younger smokers were more likely to have tried these products than older smokers¹⁶, neither federal nor Massachusetts laws restrict sales of flavored non-cigarette tobacco products, such as cigars, cigarillos, smokeless tobacco, hookah tobacco, and electronic devices and the nicotine solutions used in these devices;

⁷ CDC (2013) Youth Risk Behavior, Surveillance Summaries (MMWR 2014: 63 (No SS-04)). Retrieved from: www.cdc.gov.

⁸ IOM (Institute of Medicine) 2015. *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*. Washington DC: The National Academies Press, 2015.

⁹ MetroWest Adolescent Health Survey: Needham High School Reports 2012 and 2014.

¹⁰ CDC (2009), *Youth Risk Behavior, Surveillance Summaries* (MMWR 2010: 59, 12, note 5). Retrieved from: <http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>.

¹¹ Ringel, J., Wasserman, J., & Andreyeva, T. (2005) *Effects of Public Policy on Adolescents' Cigar Use: Evidence from the National Youth Tobacco Survey*. *American Journal of Public Health*, 95(6), 995-998, doi: 10.2105/AJPH.2003.030411 and cited in *Cigar, Cigarillo and Little Cigar Use among Canadian Youth: Are We Underestimating the Magnitude of this Problem?*, J. Prim. P. 2011, Aug; 32(3-4):161-70. Retrieved from: www.ncbi.nlm.nih.gov/pubmed/21809109.

¹² Massachusetts Department of Public Health, 2015 Massachusetts Youth Health Survey (MYHS); Delneve CD et al., *Tob Control*, March 2014: Preference for flavored cigar brands among youth, young adults and adults in the USA.

¹³ U.S. Department of Health and Human Services. 2012. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta: U.S. National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, p. 508-530, www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf.

¹⁴ 21 U.S.C. § 387g.

¹⁵ Carpenter CM, Wayne GF, Pauly JL, et al. 2005. “New Cigarette Brands with Flavors that Appeal to Youth: Tobacco Marketing Strategies.” *Health Affairs*. 24(6): 1601–1610; Lewis M and Wackowski O. 2006. “Dealing with an Innovative Industry: A Look at Flavored Cigarettes Promoted by Mainstream Brands.” *American Journal of Public Health*. 96(2): 244–251; Connolly GN. 2004. “Sweet and Spicy Flavours: New Brands for Minorities and Youth.” *Tobacco Control*. 13(3): 211–212; U.S. Department of Health and Human Services. 2012. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta: U.S. National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, p. 537, www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf.

¹⁶ U.S. Department of Health and Human Services. 2012. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta: U.S. National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, p. 539, www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf.

Whereas the U.S. Food and Drug Administration and the U.S. Surgeon General have stated that flavored tobacco products are considered to be “starter” products that help establish smoking habits that can lead to long-term addiction;¹⁷

Whereas the U.S. Surgeon General recognized in his 2014 report that a complementary strategy to assist in eradicating tobacco related death and disease is for local governments to ban categories of products from retail sale;¹⁸

Whereas the U.S. Centers for Disease Control and Prevention has reported that the current use of electronic cigarettes, a product sold in dozens of flavors that appeal to youth, among middle and high school students tripled from 2013 to 2014;¹⁹

Whereas 5.8% of Massachusetts youth currently use e-cigarettes and 15.9% have tried them²⁰ and in Needham 17% of Needham high school students currently use e-cigarettes and 29% of those students have tried e-cigarettes once in their lifetime, according to the 2014 MetroWest Adolescent Health Survey (MHAWS).²¹

Whereas the Massachusetts Department of Environmental Protection has classified liquid nicotine in any amount as an “acutely hazardous waste”;²²

Whereas in a lab analysis conducted by the FDA, electronic cigarette cartridges that were labeled as containing no nicotine actually had low levels of nicotine present in all cartridges tested, except for one²³;

Whereas according to the CDC’s youth risk behavior surveillance system, the percentage of high school students in Massachusetts who reported the use of cigars within the past 30 days is 10.8% in 2013;²⁴

Whereas data from the National Youth Tobacco Survey indicate that more than two-fifths of U.S. middle and high school smokers report using flavored little cigars or flavored cigarettes;²⁵

Whereas the sale of tobacco products is incompatible with the mission of health care institutions because these products are detrimental to the public health and their presence in health care institutions undermine efforts to educate patients on the safe and effective use of medication, including cessation medication;

Whereas educational institutions sell tobacco products to a younger population, who is particularly at risk for becoming smokers and such sale of tobacco products is incompatible with the mission of educational institutions that educate a younger population about social, environmental and health risks and harms;

Whereas the Massachusetts Supreme Judicial Court has held that “. . . [t]he right to engage in business must yield to the paramount right of government to protect the public health by any rational means”²⁶.

¹⁷ Food and Drug Administration. 2011. *Fact Sheet: Flavored Tobacco Products*, www.fda.gov/downloads/TobaccoProducts/ProtectingKidsfromTobacco/FlavoredTobacco/UCM183214.pdf; U.S. Department of Health and Human Services. 2012. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta: U.S. National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, p. 539, www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf.

¹⁸ See fn. 3 at p. 85.

¹⁹ Centers for Disease Control & Prevention. 2015. “Tobacco Use Among Middle and High School Students — United States, 2011–2014,” *Morbidity and Mortality Weekly Report (MMWR)* 64(14): 381–385;

²⁰ Massachusetts Department of Public Health, 2015 Massachusetts Youth Health Survey (MYHS)

²¹ MetroWest Adolescent Health Survey: Needham High School Reports 2012 and 2014.

²² 310 CMR 30.136

²³ Food and Drug Administration, *Summary of Results: Laboratory Analysis of Electronic Cigarettes Conducted by FDA*, available at: <http://www.fda.gov/newsevents/publichealthfocus/ucm173146.htm>.

²⁴ See fn. 7.

²⁵ King BA, Tynan MA, Dube SR, et al. 2013. “Flavored-Little-Cigar and Flavored-Cigarette Use Among U.S. Middle and High School Students.” *Journal of Adolescent Health*. [Article in press], www.jahonline.org/article/S1054-139X%2813%2900415-1/abstract.

Now, therefore it is the intention of the Needham Board of Health to regulate the sale of tobacco products.

B. Authority:

This regulation is promulgated pursuant to the authority granted to the Needham Board of Health by Massachusetts General Laws Chapter 111, Section 31 which states that "Boards of health may make reasonable health regulations".

C. Definitions:

For the purpose of this regulation, the following words shall have the following meanings:

Adult-only retail tobacco store: An establishment that is not required to possess a retail food permit whose primary purpose is to sell or offer for sale but not for resale, tobacco products and tobacco paraphernalia, in which the sale of other products is merely incidental, and in which the entry of persons under the minimum legal sales age is prohibited at all times, and maintains a valid permit for the retail sale of tobacco products as required to be issued by the Needham Board of Health.

Blunt Wrap: Any tobacco product manufactured or packaged as a wrap or as a hollow tube made wholly or in part from tobacco that is designed or intended to be filled by the consumer with loose tobacco or other fillers regardless of any content.

Business Agent: An individual who has been designated by the owner or operator of any establishment to be the manager or otherwise in charge of said establishment.

Characterizing flavor: A distinguishable taste or aroma, other than the taste or aroma of tobacco, menthol, mint or wintergreen, imparted or detectable either prior to or during consumption of a tobacco product or component part thereof, including, but not limited to, tastes or aromas relating to any fruit, chocolate, vanilla, honey, candy, cocoa, dessert, alcoholic beverage, herb or spice; provided, however, that no tobacco product shall be determined to have a characterizing flavor solely because of the provision of ingredient information or the use of additives or flavorings that do not contribute to the distinguishable taste or aroma of the product.

Cigar: Any roll of tobacco that is wrapped in leaf tobacco or in any substance containing tobacco with or without a tip or mouthpiece not otherwise defined as a cigarette under Massachusetts General Law, Chapter 64C, Section 1, Paragraph 1.

Component part: Any element of a tobacco product, including, but not limited to, the tobacco, filter and paper, but not including any constituent.

Constituent: Any ingredient, substance, chemical or compound, other than tobacco, water or reconstituted tobacco sheet, that is added by the manufacturer to a tobacco product during the processing, manufacturing or packaging of the tobacco product. Such term shall include a smoke constituent.

²⁶ Druzik et al v. Board of Health of Haverhill, 324 Mass.129 (1949).

Coupon: Any card, paper, note, form, statement, ticket or other issue distributed for commercial or promotional purposes to be later surrendered by the bearer so as to receive an article, service or accommodation without charge or at a discount price.

Distinguishable: Perceivable by either the sense of smell or taste.

Educational Institution: Any public or private college, school, professional school, scientific or technical institution, university or other institution furnishing a program of higher education.

Employee: Any individual who performs services for an employer.

Employer: Any individual, partnership, association, corporation, trust or other organized group of individuals that uses the services of one (1) or more employees.

Flavored tobacco product: Any tobacco product or component part thereof that contains a constituent that has or produces a characterizing flavor. A public statement, claim or indicia made or disseminated by the manufacturer of a tobacco product, or by any person authorized or permitted by the manufacturer to make or disseminate public statements concerning such tobacco product, that such tobacco product has or produces a characterizing flavor shall constitute presumptive evidence that the tobacco product is a flavored tobacco product.

Health Care Institution: An individual, partnership, association, corporation or trust or any person or group of persons that provides health care services and employs health care providers licensed, or subject to licensing, by the Massachusetts Department of Public Health under M.G.L. c. 112 or a retail establishment that provides pharmaceutical goods and services and is subject to the provisions of 247 CMR 6.00. Health care institutions include, but are not limited to, hospitals, clinics, health centers, pharmacies, drug stores, doctor offices, optician/optometrist offices and dentist offices.

Liquid Nicotine Container: A bottle or other vessel which contains nicotine in liquid or gel form, whether or not combined with another substance or substances, for use in a tobacco product, as defined herein. The term does not include a container containing nicotine in a cartridge that is sold, marketed, or intended for use in a tobacco product, as defined herein, if the cartridge is prefilled and sealed by the manufacturer and not intended to be open by the consumer or retailer.

Listed or non-discounted price: The higher of the price listed for a tobacco product on its package or the price listed on any related shelving, posting, advertising or display at the place where the tobacco product is sold or offered for sale plus all applicable taxes if such taxes are not included in the state price, and before the application of any discounts or coupons.

Minimum Legal Sales Age (MLSA): The age an individual must be before that individual can be sold a tobacco product in the municipality.

Non-Residential Roll-Your-Own (RYO) Machine: A mechanical device made available for use (including to an individual who produces cigars, cigarettes, smokeless tobacco, pipe tobacco, or roll-your-own tobacco solely for the individual's own personal consumption or use) that is capable of making cigarettes, cigars or other tobacco products. RYO machines located in private homes used for solely personal consumption are not Non-Residential RYO machines.

Permit Holder: Any person engaged in the sale or distribution of tobacco products who applies for and receives a tobacco product sales permit or any person who is required to apply for a Tobacco Product Sales Permit pursuant to these regulations, or his or her business agent.

Person: Any individual, firm, partnership, association, corporation, company or organization of any kind, including but not limited to, an owner, operator, manager, proprietor or person in charge of any establishment, business or retail store.

Self-Service Display: Any display from which customers may select a tobacco product, as defined herein, without assistance from an employee or store personnel.

Schools: Public or private elementary or secondary schools.

Smoke Constituent: Any chemical or chemical compound in mainstream or sidestream tobacco smoke that either transfers from any component of the tobacco product to the smoke or that is formed by the combustion or heating of tobacco, additives or other component of the tobacco product.

Smoking Bar: An establishment that primarily is engaged in the retail sale of tobacco products for consumption by customers on the premises and is required by Mass. General Law Ch. 270, §22 to maintain a valid permit to operate a smoking bar issued by the Massachusetts Department of Revenue. "Smoking bar" shall include, but not be limited to, those establishments that are commonly known as "cigar bars" and "hookah bars".

Tobacco Product: Any product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to: cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, snuff; or electronic cigarettes, electronic cigars, electronic pipes, electronic hookah, liquid nicotine, "e-liquids" or other similar products, regardless of nicotine content, that rely on vaporization or aerosolization. "Tobacco product" includes any component or part of a tobacco product. "Tobacco product" also includes all nicotine delivery products. "Tobacco product" does not include any product that has been approved by the United States Food and Drug Administration either as a tobacco use cessation product or for other medical purposes and which is being marketed and sold or prescribed solely for the approved purpose.

Vending Machine: Any automated or mechanical self-service device, which upon insertion of money, tokens or any other form of payment, dispenses or makes cigarettes or any other tobacco products, as defined herein.

Workplace: Any enclosed area of a structure, indoor area, facility or a portion thereof at which one (1) or more employees perform services for their employer (including the personal residence of the employer during those hours when used as a place of employment); other enclosed spaces rented to or otherwise used by the public; and where the employer has the right or authority to exercise control over the space. It also include motor vehicles, employee lounges, restrooms, conference rooms, hallways, stairways and entrance ways, as well as exterior, unenclosed spaces at stairs, ramps, landings, patios, porches, decks, adjacent yards, loading docks and other areas within twenty (20) feet of the entrance doors or other areas where smoke would migrate into the enclosed area of a structure.

D. Tobacco Sales to Persons Under the Minimum Legal Sales Age Prohibited:

1. No person shall sell tobacco products or permit tobacco products, as defined herein, to be sold to a person under the minimum legal sales age; or not being the individual's parent or legal guardian, give tobacco products, as defined herein, to a person under the minimum legal sales age. The minimum legal sales age in Needham is 21 years.

2. Required Signage:

- a. In conformance with and in addition to Massachusetts General Law, Chapter 270, Section 7, a copy of Massachusetts General Laws, Chapter 270, Section 6, shall be posted conspicuously by the owner or other person in charge thereof in the shop or other place used to sell tobacco products at retail. The notice shall be provided by the Massachusetts Department of Public Health and made available from the Needham Board of Health. The notice shall be at least 48 square inches and shall be posted conspicuously by the permit holder in the retail establishment or other place in such a manner so that it may be readily seen by a person standing at or approaching the cash register. The notice shall directly face the purchaser and shall not be obstructed from view or placed at a height of less than 4 feet or greater than 9 feet from the floor. The owner or other person in charge of a shop or other place used to sell tobacco products at retail shall conspicuously post any additional signs required by the Massachusetts Department of Public Health. The owner or other person in charge of a shop or other place used to sell hand rolled cigars must display a warning about cigar consumption in a sign at least 50 square inches pursuant to 940 CMR 22.06 (2) (e).
- b. The owner or other person in charge of a shop or other place used to sell tobacco products, as defined herein, at retail shall conspicuously post signage provided by the Needham Board of Health that discloses current referral information about smoking cessation.
- c. The owner or other person in charge of a shop or other place used to sell tobacco products that rely on vaporization or aerosolization, as defined herein as "tobacco products", at retail shall conspicuously post a sign stating that "The sale of tobacco products, including e-cigarettes, to someone under the minimum legal sales age of 21 years is prohibited." The notice shall be no smaller than 8.5 inches by 11 inches and shall be posted conspicuously in the retail establishment or other place in such a manner so that it may be readily seen by a person standing at or approaching the cash register. The notice shall directly face the purchaser and shall not be obstructed from view or placed at a height of less than four (4) feet or greater than nine (9) feet from the floor.

3. Identification: Each person selling or distributing tobacco products, as defined herein, shall verify the age of the purchaser by means of a valid government-issued photographic identification containing the bearer's date of birth that the purchaser is 21 years old or older. Verification is required for any person under the age of 27.

4. All retail sales of tobacco products, as defined herein, must be face-to-face between the seller and the buyer and occur at the permitted location.

5. No person or entity selling tobacco products shall allow anyone under twenty one (21) years of age to sell tobacco products.

E. Tobacco Product Sales Permit:

1. No person shall sell or otherwise distribute tobacco products, as defined herein, within the town of Needham without first obtaining a Tobacco Product Sales Permit issued annually by the Needham Board of Health. Only owners of establishments with a permanent, non-mobile location in Needham are eligible to apply for a permit and sell tobacco products, as defined herein, at the specified location in Needham.
2. As part of the Tobacco Product Sales Permit application process, the applicant will be provided with the Needham regulation. Each applicant is required to sign a statement declaring that the applicant has read said regulation and that the applicant is responsible for instructing any and all employees who will be responsible for tobacco product sales regarding federal, state and local laws regarding the sale of tobacco and this regulation.
3. As a condition for obtaining and/or renewing a Tobacco Sales Permit, the Needham Board of Health may require tobacco retailers and any employee involved in the act of sale of tobacco products to participate in training programs provided by or approved by the Board regarding compliance with the laws and regulations prohibiting the sale of tobacco products to minors and to individuals under the age of 21.
4. No Tobacco Sales Permit holder shall allow any employee to sell cigarettes or other tobacco products until such employee reads this regulation and state laws regarding the sale of tobacco products and signs a statement, a copy of which will be placed on file in the office of the employer, that the employee has read and understands the regulation and applicable state laws.
5. Each applicant who sells tobacco products is required to provide proof of a current Tobacco Retailer License issued by the Massachusetts Department of Revenue, when required by state law, before a Tobacco Product Sales Permit can be issued.
6. A separate permit, displayed conspicuously, is required for each retail establishment selling tobacco products, as defined herein. The fee for which shall be determined by the Needham Board of Health annually.
7. A Tobacco Product Sales Permit is non-transferable. A new owner of an establishment that wishes to sell tobacco products, as defined herein, must apply for a new permit Tobacco Product Sales Permit and one may only be issued at the Needham Board of Health's discretion. At the very least, no new permit will be issued unless and until all outstanding penalties incurred by the previous permit holder are satisfied in full.
8. Issuance of a Tobacco Product Sales Permit shall be conditioned on an applicant's consent to unannounced, periodic inspections of his/her retail establishment to ensure compliance with this regulation.
9. A Tobacco Product Sales Permit will not be renewed if the permit holder has failed to pay all fines issued and the time period to appeal the fines has expired and/or the permit holder has not satisfied any outstanding permit suspensions.
10. A Tobacco Product Sales Permit will not be renewed if the permit holder has sold a tobacco product to a person under the MLSA (§D.1) six times within the 36 month period of performance (which begins on the effective date of this regulation's amendment, July 1, 2017) and the time period to appeal has expired. The violator may request a hearing in accordance with subsection 4 of the Violations section.
11. Maximum Number of Tobacco Product Sales Permits.
 - a. At any given time, there shall be no more than ten (10) Tobacco Product Sales Permits issued in Needham (reduced by the number of permits not renewed pursuant to subsection (b) below). No permit

renewal will be denied based on the requirements of this subsection except any permit holder who has failed to renew his or her permit within thirty (30) days of expiration will be treated as a first-time permit applicant.

- b. As of July 1, 2017, any permit not renewed because a retailer no longer sells tobacco products, as defined herein, or because a retailer closes the retail business, or because the ownership of the establishment with the Tobacco Product Sales Permit changes ownership, shall be returned to the Needham Board of Health and may, at the Board's discretion, be permanently retired by the Board of Health and the total allowable number of Tobacco Product Sales Permits under paragraph 11(a) shall be reduced by the number of the retired permits.
- c. A Tobacco Product Sales Permit may, at the Board of Health's discretion, not be issued to any new applicant for a retail location within 500 feet of a public or private elementary or secondary school as measured by a straight line from the nearest point of the property line of the school to the nearest point of the property line of the site of the applicant's business premises. This provision does **not** apply to existing permit holders in good standing that are within 500 feet of a public or private elementary or secondary school.
- d. A Tobacco Product Sales Permit may, at the Board of Health's discretion, not be issued to any new applicant for a retail location within 500 feet of an existing Tobacco Product Sales Permit holder as measured by a straight line from the nearest point of the proposed permit holder's property line to the nearest point of the property line of the site of the applicant's business premises. This provision does **not** apply to existing permit holders in good standing that currently located within an existing Tobacco Product Sales Permit holder.
- e. Applicants who purchase an existing business that holds a valid Tobacco Product Sales Permit at the time of the sale of said business must apply within sixty (60) days of such sale for the permit held by the Seller if the Buyer intends to sell tobacco products, as defined herein, and permit issuance shall be subject to the conditions of this Section.

F. Cigar Sales Regulated:

- 1. No person shall sell or distribute or cause to be sold or distributed a single cigar.
- 2. No person shall sell or distribute or cause to be sold or distributed any original factory-wrapped package of two or more cigars, unless such package is priced for retail sale at \$5.00 or more.
- 3. This Section shall not apply to:
 - a. The sale or distribution of any single cigar having a retail price of two dollars and fifty cents (\$2.50) or more.
 - b. A person or entity engaged in the business of selling or distributing cigars for commercial purposes to another person or entity engaged in the business of selling or distributing cigars for commercial purposes with the intent to sell or distribute outside the boundaries of Needham.
- 4. The Needham Board of Health shall adjust, from time to time, the amounts specified in this Section to reflect changes in the applicable Consumer Price Index by amendment of this regulation.

G. Sale of Flavored Tobacco Products Prohibited:

No person shall sell or distribute or cause to be sold or distributed any flavored tobacco product, except in smoking bars and adult-only retail tobacco stores.

H. Prohibition of the Sale of Blunt Wraps:

No person or entity shall sell or distribute blunt wraps in Needham.

I. Free Distribution and Coupon Redemption: No person shall:

1. Distribute or cause to be distributed, any free samples of tobacco products, as defined herein;
2. Accept or redeem, offer to accept or redeem, or cause or hire any person to accept or redeem or offer to accept or redeem any coupon that provides any tobacco product, as defined herein, without charge or for less than the listed or non-discounted price; or
3. Sell a tobacco product, as defined herein, to consumers through any multi-pack discounts (e.g., "buy-two-get-one-free") or otherwise provide or distribute to consumers any tobacco product, as defined herein, without charge or for less than the listed or non-discounted price in exchange for the purchase of any other tobacco product.
4. Sections 2 and 3 shall not apply to products, such as cigarettes, for which there is a state law prohibiting them from being sold as loss leaders and for which a minimum retail price is required by state law.

J. Out-of-Package Sales:

1. The sale or distribution of tobacco products, as defined herein, in any form other than an original factory-wrapped package is prohibited, including the repackaging or dispensing of any tobacco product, as defined herein, for retail sale. No person may sell or cause to be sold or distribute or cause to be distributed any cigarette package that contains fewer than twenty (20) cigarettes, including single cigarettes.
2. A retailer of Liquid Nicotine Containers must comply with the provisions of 310 CMR 30.000, and must provide the Needham Board of Health with a written plan for disposal of said product, including disposal plans for any breakage, spillage or expiration of the product.
3. All retailers must comply with 940 CMR 21.05 which reads: "It shall be an unfair or deceptive act or practice for any person to sell or distribute nicotine in a liquid or gel substance in Massachusetts after March 15, 2016 unless the liquid or gel product is contained in a child-resistant package that, at a minimum, meets the standard for special packaging as set forth in 15 U.S. C. §§1471 through 1476 and 16 CFR §1700 et. Seq."

K. Self-Service Displays:

All self-service displays of tobacco products, as defined herein, are prohibited. All humidors including, but not limited to, walk-in humidors must be locked.

L. Vending Machines:

All vending machines containing tobacco products, as defined herein, are prohibited.

M. Non-Residential Roll-Your-Own Machines:

All Non-Residential Roll-Your-Own machines are prohibited.

N. Prohibition of the Sale of Tobacco Products by Health Care Institutions:

No health care institution located in Needham shall sell or cause to be sold tobacco products, as defined herein. No retail establishment that operates or has a health care institution within it, such as a pharmacy, optician/optometrist or drug store, shall sell or cause to be sold tobacco products, as defined herein.

O. Prohibition of the Sale of Tobacco Products by Educational Institutions:

No educational institution located in Needham shall sell or cause to be sold tobacco products, as defined herein. This includes all educational institutions as well as any retail establishments that operate on the property of an educational institution.

P. Incorporation of Attorney General Regulation 940 CMR 21.00:

The sale or distribution of tobacco products, as defined herein, must comply with those provisions found at 940 CMR 21.00 ("Sale and Distribution of Cigarettes, Smokeless Tobacco Products, and Electronic Smoking Devices in Massachusetts").

Q. PROHIBITION ON SMOKING IN PUBLIC PLACES AND WORKPLACES:

No person shall smoke or use an e-cigarette nor shall any person having control of the premises upon which smoking is prohibited by this regulation or by M.G.L. c. 270, §22, or the business agent or designee of such person, permit a person to smoke or use an e-cigarette in any of the following places as defined herein: restaurants and all outdoor areas of restaurants, bars, taverns, and any other outdoor place where food and/or beverages, and/or non-alcoholic beverages are sold, served, or otherwise consumed or carried, health care facilities, municipal buildings, municipal vehicles, public places, public transportation, retail stores, town-owned parks and playgrounds, town-owned athletic fields, town-owned property, conservation land, nursing homes, hotels, motels, inns, bed and breakfast, lodging homes, any establishment that is required to possess a valid Tobacco Sales Permit from the Needham Board of Health (including, but not limited to, smoke shops, tobacconists, retail tobacco stores) and workplaces except as otherwise provided in § Q.2 of this regulation. It shall be the responsibility of the employer to provide a smoke-free environment for all employees working in an enclosed workplace as well as those workplaces listed. Additionally, no person shall smoke in any place in which a sign conforming to the requirements of Section Q.1 of this regulation is posted. No person shall remove a sign posted under the authority § Q.1 of this regulation.

1. Every person having control of premises upon which smoking is prohibited by and under the authority of this regulation shall conspicuously display upon the premises "No Smoking" signs provided by the Massachusetts

Department of Public Health and available from the Needham Board of Health or the international "No Smoking" symbol (consisting of a pictorial representation of a burning cigarette enclosed in a circle with a bar across it) and comparable in size to the sign provided by the Massachusetts Department of Public Health and available from the Needham Board of Health.

2. Notwithstanding any other provision of these regulations, smoking may be permitted in the following places and/or under the following circumstances consistent with all applicable state laws:

- a. Private residences except those portions used as a public place, food service establishment, child care, adult care, or health care office during the hours when operating as such.
- b. Hotel, motel, inn and bed and breakfast rooms rented to guests at smoke free (100%) at all times. A room so designated shall have signs posted indicating that no smoking is allowed.
- c. Private clubs if all employees are members. When a private club is open to the general public, that portion of said establishment open to the general public must be smokefree, separately enclosed and shall have self-closing doors. Premises occupied by a membership association, if the premises is owned, or under a written lease for a term of not less than 90 consecutive days, by an association during the time of the permitted activity if the premises are not located in a public building. Smoking may be permitted in a distinct part of the premises of a membership association, provided that this part (a) is physically separated from any area open to the public or occupied by a non-member who is not a guest. The separation shall be sufficient to prevent any migration of smoke into the public areas. Any doors separating the areas shall be self-closing; (b) is occupied solely by those persons specified in 105 CMR 661.100(b). The membership association shall adopt and effectively implement a policy that ensures only such persons are permitted to enter the part of the premises where smoking is permitted; and (c) there are no signs inviting or encouraging the public or non-members who are not guests to enter. No smoking shall be permitted in an enclosed indoor space of a membership association during the time the space is:

- 1) open to the public. A membership association shall be regarded as open to the public when it has signs or advertising inviting or encouraging non-members to the premises or takes other action that may reasonably be regarded as inviting or allowing non-members to enter the premises.; or
- 2) occupied by a non-member who is not an invited guest of a member or an employee of the association. A non-member shall be regarded as a guest if entering the premises (a) accompanied by a member, provided the member remains on the premises while the guest is present, and (b) signing a guest register that clearly specifies the name and address of the guest and the inviting member;
- 3) rented from the association for a fee or other agreement that compensates the association for the use of such space; OR
- 4) occupied by a contract employee, temporary employee or independent contractor.
- 5) Smoking may be permitted in an enclosed indoor space of a membership association at all times, if the space is restricted by the association to admittance only of its members, the invited guest of a member, and the employees of the membership association. A person shall not be regarded as a member if entering the premises under terms of a membership that differ in duration, cost or privileges from the terms of a full membership in the association. A person who is a contract employee, temporary employee, or independent contractor shall be considered an employee of a membership association under this subsection. A person who is a member of an affiliated chapter or

branch of a membership association that is fraternal in nature operating under the lodge system, and is visiting the affiliated association, shall be an invited guest for the purpose of this association.

Nothing shall prohibit an establishment from being completely smokefree.

R. Smoking Bars:

Smoking bars are prohibited in the Town of Needham.

S. Violations:

1. It shall be the responsibility of the establishment, permit holder and/or his or her business agent to ensure compliance with all sections of this regulation. The violator shall receive:

- a. In the case of a first violation, a fine of three hundred dollars (\$300.00) and the Tobacco Product Sales Permit shall be suspended for seven (7) consecutive business days.
- b. In the case of a second violation within 36 months of the date of the first violation, a fine of three hundred dollars (\$300.00) and the Tobacco Product Sales Permit shall be suspended for fourteen (14) consecutive business days.
- c. In the case of a third violation within 36 months of the date of the first violation, a fine of three hundred dollars (\$300.00) and the Tobacco Product Sales Permit shall be suspended for thirty (30) consecutive business days.
- d. In the case of a fourth violation within 36 months of the date of the first violation, a fine of three hundred dollars (\$300.00) and the Tobacco Product Sales Permit shall be suspended for ninety (90) consecutive business days.
- e. In the case of a fifth violation or repeated, egregious violations of this regulation within a 36 month period, the Board of Health shall hold a hearing in accordance with subsection 4 of this section and shall permanently revoke a Tobacco Product Sales Permit.

2. Refusal to cooperate with inspections pursuant to this regulation shall result in the suspension of the Tobacco Product Sales Permit for thirty (30) consecutive business days.

3. In addition to the monetary fines set above, any permit holder who engages in the sale or distribution of tobacco products while his or her permit is suspended shall be subject to the suspension of all Board of Health issued permits for thirty (30) consecutive business days.

4. The Needham Board of Health shall provide notice of the intent to suspend or revoke a Tobacco Product Sales Permit, which notice shall contain the reasons therefor and establish a time and date for a hearing which date shall be no earlier than seven (7) days after the date of said notice. The permit holder or its business agent shall have an opportunity to be heard at such hearing and shall be notified of the Board of Health's decision and the reasons therefor in writing. After a hearing, the Needham Board of Health shall suspend or revoke the Tobacco Product Sales Permit if the Board of Health finds that a violation of this regulation occurred. For purposes of such suspensions or revocations, the Board shall make the determination notwithstanding any separate criminal or non-criminal proceedings brought in court hereunder or under the Massachusetts General Laws for the same offense. All tobacco products, as defined herein, shall be removed from the retail

establishment upon suspension or revocation of the Tobacco Product Sales Permit. Failure to remove all tobacco products, as defined herein, shall constitute a separate violation of this regulation.

T. Non-Criminal Disposition:

Whoever violates any provision of this regulation may be penalized by the non-criminal method of disposition as provided in Massachusetts General Laws, Chapter 40, § 21D or by filing a criminal complaint at the appropriate venue.

U. **Separate Violations:** Each day any violation exists shall be deemed to be a separate offense.

V. Enforcement:

Enforcement of this regulation shall be by the Needham Board of Health, its Director of Health & Human Services, and its designated agents.

Any resident who desires to register a complaint pursuant to the regulation may do so by contacting the Needham Board of Health or its designated agent(s) and the Board shall investigate.

W. Severability:

If any provision of this regulation is declared invalid or unenforceable, the other provisions shall not be affected thereby but shall continue in full force and effect.

X. Effective Date:

A public meeting about this regulation occurred in December 2017. A public hearings occurred in January 2018. This regulation was approved by a unanimous vote of the Needham Board of Health on January 12, 2018, and shall take effect on April 1, 2018. A notice and summary of the regulation was posted by the Needham Town Clerk, was posted on the Needham Public Health Division's website, and was published in a newspaper in circulation in the Town of Needham. Copies of this regulation have also been filed with the Needham Town Clerk and the Massachusetts Department of Environmental Protection.

The original Needham Board of Health smoking and tobacco regulation was enacted in September 1991. It has been amended extensively over the years, most notably in 2005 with the enactment of the Tobacco 21 policy, which was phased-in over a three year period. This regulation was amended again in 2009 with the implementation of a prohibition on the sale of tobacco products in pharmacies. A ban on flavored tobacco was incorporated in 2015.

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June 6, 2018

J. Raymond Miyares, Esq.
Eric B. Reustle, Esq.
Miyares and Harrington LLP
40 Grove Street
Suite 190
Wellesley, MA 02482

Re: NSTAR Electric Company d/b/a Eversource Energy, EFSB 16-02/D.P.U. 16-77

Dear Mr. Miyares and Mr. Reustle:

On behalf of NSTAR Electric Company d/b/a Eversource Energy (the "Company"), please find enclosed a draft post-construction magnetic field measurement plan (the "Plan"). Pursuant to Condition M in the Final Decision of the Energy Facilities Siting Board (the "Siting Board") in the above-referenced proceeding, the Company is required to "consult with Needham and provide a magnetic field measurement protocol to the Siting Board within two months of the Final Decision." Final Decision at 83. In coordination with your client, please provide us any input or recommendations with respect to the Plan by June 22, 2018.

In the meantime, if you have any questions, please do not hesitate to give me a call.

Very truly yours,



David S. Rosenzweig

Enclosure

I. INTRODUCTION AND PURPOSE

In accordance with the Energy Facilities Siting Board's (the "Siting Board") May 18, 2018 Final Decision in EFSB 16-02/D.P.U. 16-77 ("Condition M"), NSTAR Electric Company d/b/a Eversource Energy ("Eversource" or the "Company") will implement the following post-construction magnetic field ("MF") Measurement Plan (the "Plan") for the West Roxbury to Needham 115-kV Line Project (the "Project").

A primary purpose for MF measurements near transmission lines is to make comparisons to levels predicted by calculations. This purpose is best served for an underground transmission line by selecting post-construction measurement locations where conductor configurations and depths are typical and representative, and where few if any confounding field sources and objects exist. For overhead transmission lines, the purpose is best served by selecting locations where the terrain is level, where the conductor heights are typical and representative, and where few, if any, confounding sources exist.

A secondary purpose for such measurements can be to make comparisons between levels measured at points of interest before and after new line construction. However, those points of interest may not be at locations that best serve the primary purpose. Also, measurements of MFs may not be able to be directly compared to predicted levels because power-flow circumstances can be significantly different at the times of these before and after measurements.

II. MONITORING LOCATIONS

The Company's proposed monitoring locations for MF along the Project route are listed in Table 1. Three representative monitoring locations along the line in the Town of Needham were selected. Attachment A includes aerial photograph views (from Google Earth™) of each of the three monitoring locations in relation to the Project route.

Table 1

MF Monitoring Locations for the West Roxbury to Needham 115-kV Line Project

Site	Municipality	P&P Sheet #	Configuration	Location
1	Needham	18	Horizontal	300 South St (Culvert)
2	Needham	23	Splice Vault	130 South St
3	Needham	32	Inverted Delta	43 Valley Rd

The selected monitoring locations capture unique transmission line configurations along the Project route. Additional considerations in location selection are as follows:

1. Measurement Location Characteristics

The Company chose three readily-accessible measurement locations along the Project route. At each of the three monitoring locations listed in Table 1, measurements will be made in public spaces and ways, and not on nearby private property outside of the roadway.

To the extent possible, the Company chose measurement locations where: (1) line configurations and cable depths are typical and representative; and (2) few, if any, confounding sources and objects are present (such as local distribution lines).

2. Measurement Specifications

Within 10 months of commencement of new 115-kV line operation for the Project, the Company will take a post-construction measurement of MF at each of the line segment locations identified in Table 1. The Company will measure MF along a transect (*i.e.*, profile) passing perpendicularly above sections of the new underground 115-kV line, at the listed locations. The measurement path will extend to approximately 25 feet from either side of the new transmission line or to the extent practical. For additional reference, the Company will also take measurements prior to the energization of the transmission line.

III. MEASUREMENT INSTRUMENTATION AND RECORDING

The Company will record all MF measurements at a height of one meter (3.28 feet) above ground in accordance with the industry standard protocol for taking measurements near power lines (IEEE Std. 644-1994 [R2008], *“IEEE Standard Procedures for Measurement of Power Frequency Electric and Magnetic Fields From AC Power Lines”*).

The resultant MF will be measured with a 3-axis, recording digital meter (EMDEX II). In conjunction with the EMDEX II meter, the LINear Data Acquisition (“LONDA”) Wheel accessory will be used. With this instrumentation, MFs can be recorded continuously while walking and then plotted. The EMDEX II magnetic field meter and the LINDA Wheel accessory meet the IEEE instrumentation standard for obtaining valid and accurate field measurements at power line frequencies (IEEE Std. 1308-1994, *“IEEE Recommended Practice for Instrumentation: Specifications for Magnetic Flux Density and Electric Field Strength — 10 Hz to 3 kHz”*). These instruments are depicted in Attachment B.

IV. REPORTING

Within 12 months of the in-service date of the new 115-kV line for the Project, the Company will provide to the Siting Board a report on these measurements with “true-up” comparisons to predicted values. “True-ups” are MF calculations that are based on site-specific conditions, including the actual conductor depths at a location at the time the measurement is made, current flows on the lines at the time the measurement is made, and the terrain. These calculations are then compared with the measurements taken at the location. True-up comparisons of measurements with calculations will be performed and reported for “Line” locations to demonstrate model accuracy.

The report will also include aerial photographs from Google Earth™ to mark each measurement location. For each magnetic field measurement, the coincident transmission line currents, as recorded by the Operator’s SCADA system, will be noted and reported. Additionally, for each measurement location, the size of transmission line conductor types and sizes will be reported.

ATTACHMENT A – GOOGLE EARTH™ IMAGES OF MEASUREMENT LOCATIONS

DRAFT

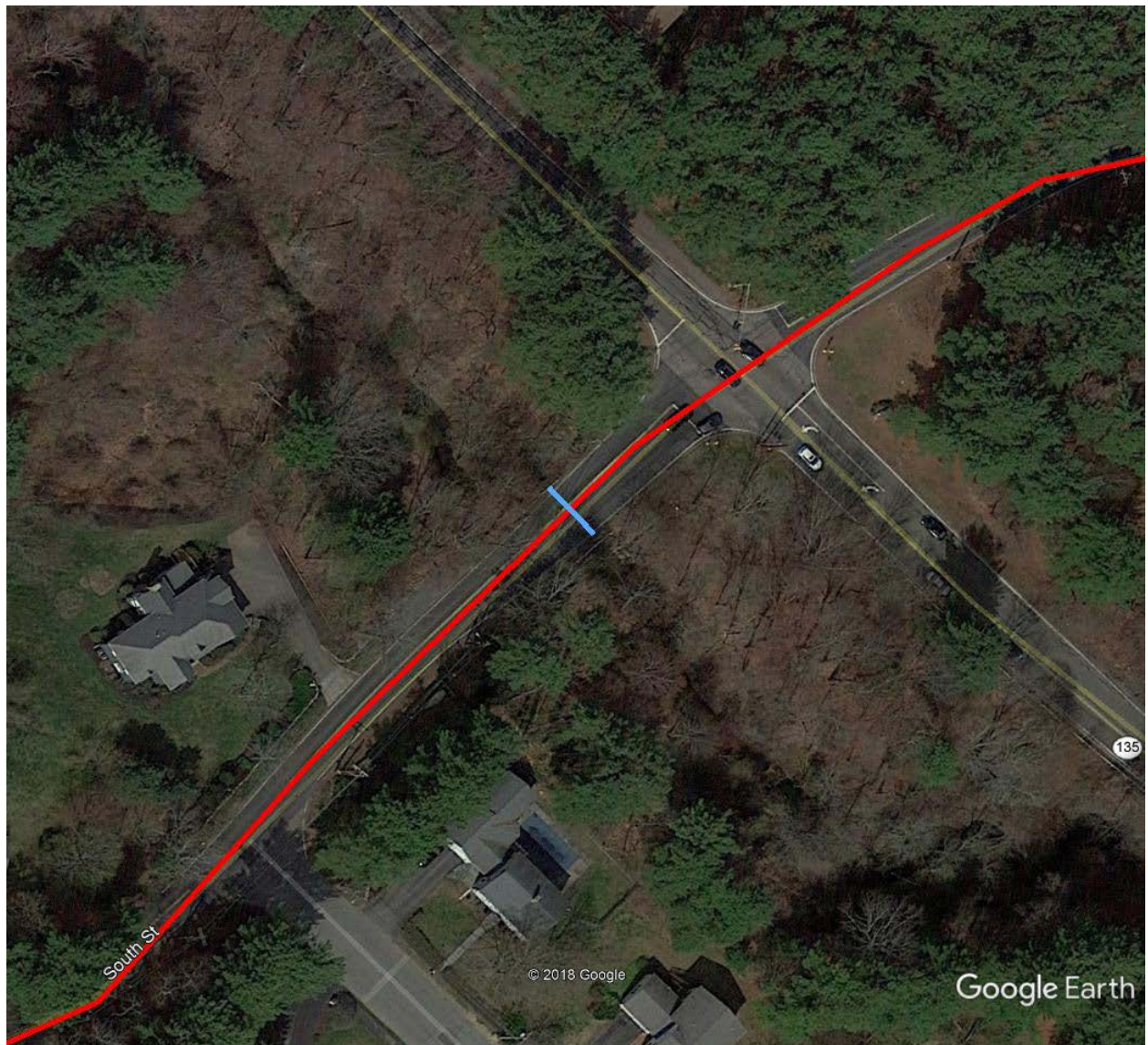


Figure 1 - Measurement Location #1 (300 South St)

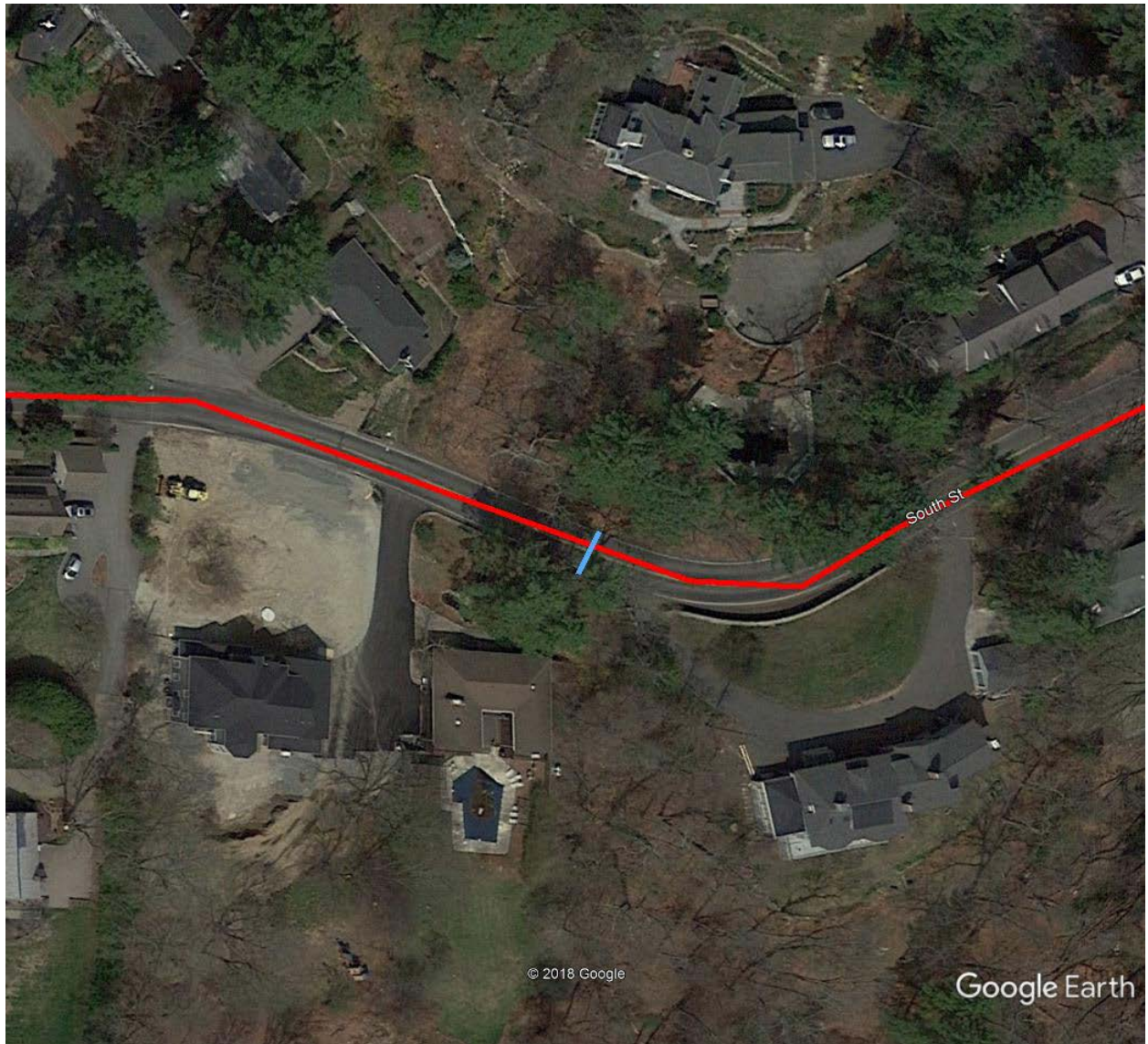


Figure 2 - Measurement Location 2 (130 South St)

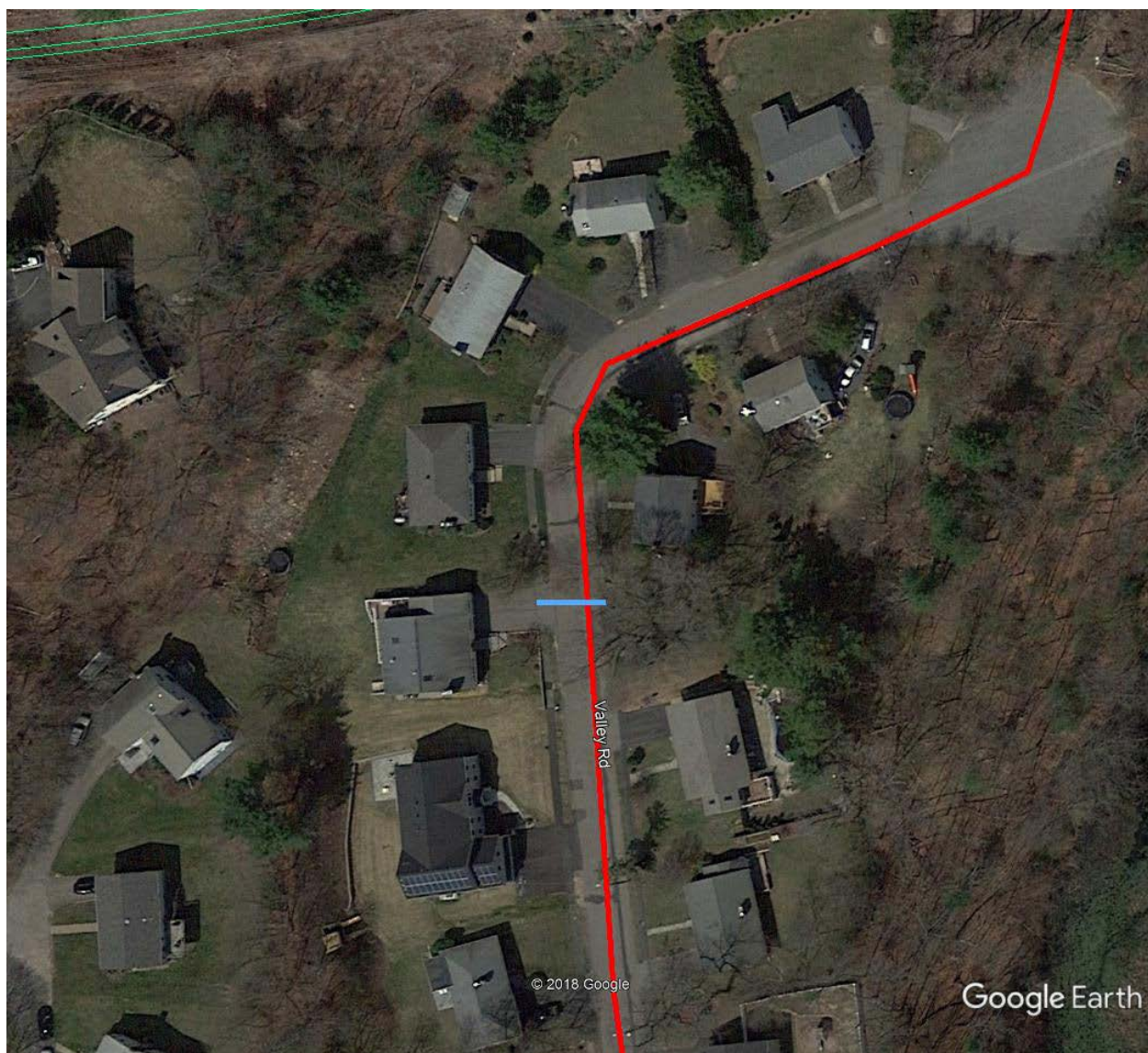


Figure 3 - Measurement Location 3 (43 Valley Rd)

ATTACHMENT B – MEASUREMENT INSTRUMENTATION

DRAFT



Figure 4 - EMDEX II EMF Meter

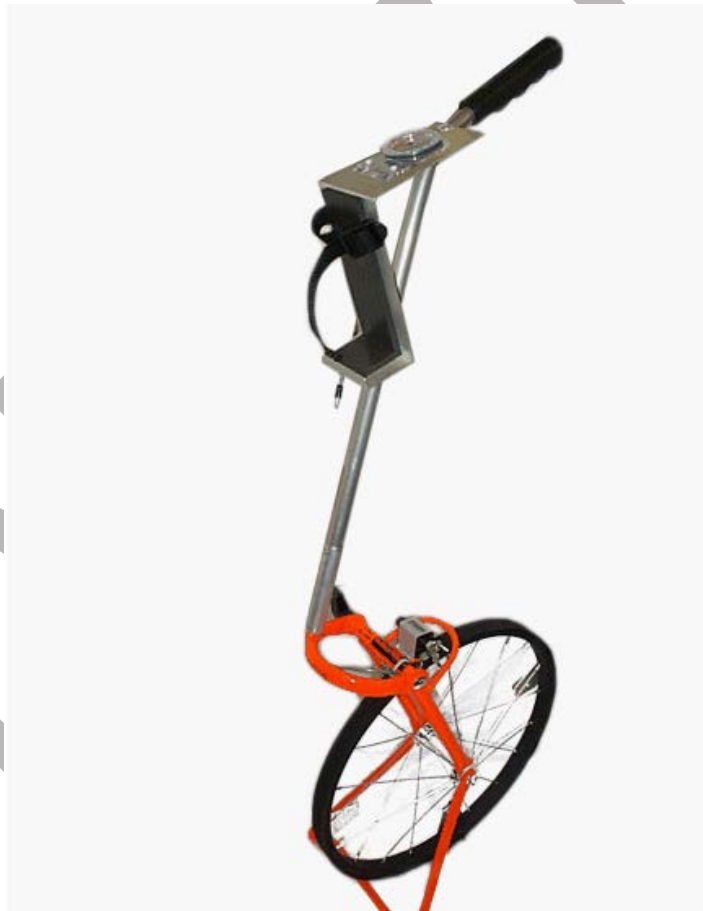


Figure 5 - LINDA Wheel Accessory

MEMORANDUM

TO: KATE FITZPATRICK

FROM: RICHARD LESTER

SUBJECT: COMMENTS ON POST-CONSTRUCTION MAGNETIC FIELD
MEASUREMENT PLAN – WEST ROXBURY TO NEEDHAM RELIABILITY
PROJECT

DATE: JULY 17, 2018

CC: RAY MIYARES, RICHARD MERSON, TIMOTHY MCDONALD

At the request of the Town of Needham (the “Town”), I have reviewed the June 6, 2018 draft post-construction magnetic field measurement plan (the “Plan”) for the Needham portion of the West Roxbury to Needham Reliability Project (the “Project”). I write to offer the following comments with respect to the draft Plan.

As stated in the draft Plan, one purpose for the magnetic field measurements is to allow for comparisons to levels predicted by calculations. The three transects proposed for measurements were selected with this goal in mind. Eversource selected locations where line configurations and cable depths are typical and representative and where few confounding sources are present. The plan states that a secondary purpose for such measurements can be to allow for comparisons between magnetic field levels measured at points of interest before and after construction of the Project. The Plan, however, makes little effort to address this secondary goal, dismissing it because power-flow circumstances can be significantly different at the times of the two sets of measurements.

Residents of Needham from along the proposed route have indicated concern regarding magnetic field levels associated with the Project. The Plan should address these concerns. The stated secondary goal of allowing comparisons before and after construction should be elevated to at least equal importance as the primary goal.

The equipment proposed to conduct the monitoring (the EMDEX II 3-axis recording digital meter) is appropriate and acceptable for the purpose. The Plan should state that the EMDEX II meter will be calibrated by the manufacturer within one year prior to the date on which the monitoring is performed and that the calibration certificate will be included with the final report.

Specific recommendations regarding the draft Plan follow.

1. The Plan proposes conducting monitoring both prior to energization and within 10 months of commencement of operation of the new 115-kV transmission line. The monitoring prior to energization should be performed prior to construction of the new

line with the results communicated to the Town within 30 days. Conducting the measurements prior to construction will allow for additional time to review the results of the pre-construction monitoring and communicate the results to adjacent residents and other interested parties. Furthermore, if any unexpected results are encountered, performing the monitoring prior to construction allows time for changes to be made to the Project (such as increasing the depth of the duct bank at a specific location along the route).

2. The Plan should specify that both pre- and post-construction monitoring should be conducted at a date and time when the transmission load would be expected to be high based on historical data. In many areas, such a period would be a warm summer afternoon when air conditioning use is greatest, though this is not true of every transmission or distribution line. Power-flow circumstances will not be identical between the two sets of measurements, but an effort should be made to perform the measurements under similar conditions.

The Plan should specify that post-construction monitoring will be conducted when the load on the newly constructed line is at or near its maximum value.

3. In addition to the three transects specified, pre- and post-construction monitoring should be conducted along the length of the entire route. Much of the proposed route is residential and lined by numerous residential structures. While performing modeling at three transects within a community is not unusual for some transmission line projects, many of those projects are in less densely populated areas or on designated transmission line rights-of-way. Residents adjacent to the proposed route and other parties have indicated interest in power line frequency magnetic fields associated with the Project. Monitoring along the length of the entire route would allow those concerns to be directly addressed.

Performing such monitoring would involve only a few additional hours of time to conduct the monitoring and would provide very useful information to the Town to address the concerns of interested parties. Such monitoring has been conducted for other transmission line projects in the metropolitan Boston area.

If the final location of the constructed conduit differs from the proposed location due to obstacles encountered during construction, additional pre-energization monitoring should be performed along the constructed line at those locations.

4. Monitoring should be conducted along at least three additional transects of the Project route to reflect areas where magnetic fields would be expected to differ due to a shallower depth or a differing configuration of the lines within the duct bank. The three transects proposed in the Plan are acceptable, but should be supplemented by additional locations. The proposed 300 South Street location is in an area where the duct bank is at its shallowest and is in a horizontal configuration. The shallowness of the duct bank as well as the configuration of the conductors will likely result in higher magnetic field measurements in this area. The proposed 130 South Street location is the location of a splice vault transition. The proposed 43 Valley Road location has the duct bank in the typical inverted delta orientation at a slightly greater depth, but is in a neighborhood of interest to the Town of Needham where measurements are desired.

One key additional area of interest is a transect along the route at a location where the conductors are in the inverted delta configuration at the typical depth of the duct bank. The Project Plan and Profile Drawings indicate that the top of the duct bank is located at a depth of approximately 3 feet along a large portion of the route. Measurements along such a transect would be indicative of magnetic fields due to the Project along a large portion of the route. Two additional areas of interest that should be included are one of the manhole locations at the shallowest depth, and in the vicinity of the intersection of South Street and Canterbury Lane where the conductors are oriented in a vertical as opposed to the inverted delta configuration. Several of the manhole locations appear to be located at a depth with the top conductor approximately 6 feet below ground. One of these locations would be appropriate for the additional transect. Project-related magnetic fields in the vicinity of the manholes and the Canterbury Lane location will likely differ from those along other portions of the transmission line.

5. The Plan should provide for oversight by a representative of the Town during all monitoring activities. The Town anticipates inquiries about the results of the magnetic field monitoring by residents and other interested parties and wishes to have direct knowledge of the monitoring activities as they are performed.

Incorporating these revisions to the Plan will provide substantial gain to the community at a minimal increase in cost and level of effort to conduct the monitoring. These revisions will allow the Town to better address the concerns of residents and other interested parties regarding the Project.

Please contact me at 857-366-2015 should you have any questions or wish to discuss these comments.

From: Rich Lester [mailto:richlester@gmail.com]

Sent: Wednesday, July 18, 2018 4:01 PM

To: Kate Fitzpatrick

Cc: Ray Miyares; Richard P. Merson; Timothy McDonald; Eric Reustle

Subject: Re: Magnetic Field Monitoring - West Roxbury to Needham Reliability Project

Good afternoon all,

I just spoke with Christopher Soderman, the engineer for Eversource. They will likely be getting us a revised Plan in the next day or two for our comment. I told him I was happy to speak with him, but that I wasn't the final decision maker. The revised plan is going to include most of what we requested. It will have additional transects, will include a witness from the Town, and will provide the measurements to the Town within 30 days of their being collected (though not in a polished form, but I suspect it will be sufficient for the Town's needs). They will collect measurements along the length of the line. They are going to propose that at least one set of pre-energization and one set of post-energization measurements be collected on a 90 degree day or warmer.

It sounded like there were two areas where the plan may differ slightly from what we suggested. First, they don't want to specifically say "pre-construction" in the plan because they want to get started as soon as possible and don't want to commit to holding up construction entirely until the measurements are performed. I did ask that they at least state that one set of measurements will be collected as soon as possible (not a year from now just prior to energization). Hopefully, that will make it into their proposed revision. We can discuss this once we see exactly what they put in the plan.

Second, they will conduct measurements along the length of the line, but they are objecting to collecting them immediately above the line. They are going to propose to take the measurements along pedestrian walkways. I did not give him a response to that proposal.

Rich

857-366-2015

Tara Gurge

From: Plunket, Ashlyn <APlunket@siranaturals.org>
Sent: Thursday, May 10, 2018 4:44 PM
To: Tara Gurge
Cc: Dundas, Michael
Subject: RE: Marijuana Regulatory Revision process
Attachments: DPHrulesAndRegsRev 11.08.2017.pdf

Tara-

The following is the total number of Sira patients at our Cambridge and Somerville locations as well as a breakdown of the number and percent of the discount utilization from the patient population.

Total Patients: 7,432

Veteran Patients: 695 = 9.35%

Senior Patients: 212 = 2.85%

Financial Hardship Patients: 619 = 8.32%

Total Discount Program Patients: 1,526 = 20.53%

The total discount amount for both Veteran and Seniors is 10%. The ticket price change is dependent on the total amount of the ticket per patient and varies greatly.

Cambridge and Somerville do not have their own Medical Marijuana Program Regulations. They expect us to comply with all state regulations. I have attached a copy of that document for your reference.

Please let me know if there is any other information that I can provide you with for the board.

Thank you,

Ashlyn Plunket | Business Development
Sira Naturals, Inc.
300 Trade Center, Suite 7700 | Woburn, MA 01801
866.420.SIRA x101 Office | 717.679.0496 Mobile



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From: Tara Gurge <TGurge@needhamma.gov>
Sent: Tuesday, May 8, 2018 2:40 PM



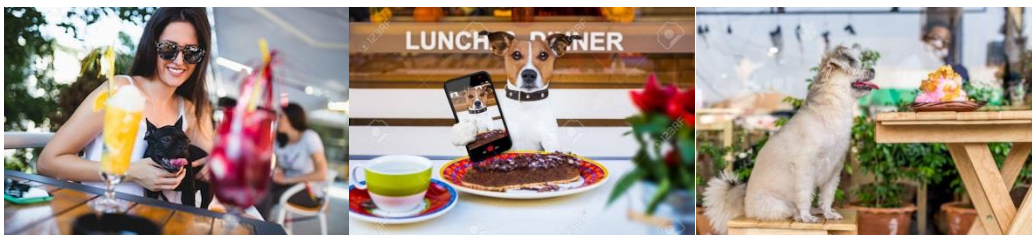
NEEDHAM PUBLIC HEALTH DIVISION

1471 Highland Avenue, Needham, MA 02492
www.needhamma.gov/health

781-455-7500 ext. 511
781-455-0892 (fax)



PETS IN FOOD ESTABLISHMENTS



Q: Are pets allowed in any food establishment?

A: Generally, live animals **may not be** allowed on the premises of a food establishment.¹ A pet would not be allowed in food establishments.

Q: Can service animals enter food establishments?

A: Yes, **service animals may be allowed** in areas that are not used for food preparation and that are usually open for customers, such as dining and sales areas. Service animals that are controlled by the disabled employee or person may be present in these areas if a health or safety hazard will not result from the presence or activities of the service animal.²

Q: What is a service animal?

A: A service animal is an animal such as a guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability.³ Only dogs meet the definition of a service animal under the Americans with Disabilities Act (ADA), with the exception of miniature horses.⁴

Q: How can I verify an animal is a service animal?

A: Staff may only ask the following two questions to determine whether an animal is a service animal when the individual's disability is not obvious⁴:

1. Is the animal a service animal required because of a disability?
2. What task or service is the animal trained to perform?

The law requires staff to take the individual at their word.⁴ An individual with a disability accompanied by a service animal may not be asked to provide documentation of a disability, to answer questions regarding his or her disability, or to have the service animal demonstrate its work.

Q: What if the customer has an “emotional support” animal?

A: Emotional support animals are not trained to perform a task or service.⁴ This means emotional service animals **are not permitted** to go into food establishments because they **do not** meet the definition of service animal under the ADA and MA Service Animal law.^{4,5}

¹ U.S. Food and Drug Administration/U.S. Department of Health and Human Services. (2013). *Food Code*. College Park, MD. 6-501.115-Prohibiting Animals (A)

² U.S. Food and Drug Administration/U.S. Department of Health and Human Services. (2013). *Food Code*. College Park, MD. 6-501.115-Prohibiting Animals (B)(3)

³ U.S. Food and Drug Administration/U.S. Department of Health and Human Services. (2013). *Food Code*. College Park, MD. 1-201.10 (B)

⁴ “About Service and Assistance Animals.” Mass.gov, Commonwealth of Massachusetts, www.mass.gov/service-details/about-service-and-assistance-animals.

⁵ M.G.L. c.272 Sec. 98A

From: T Stephen Jones [mailto:t.stephen.jones@gmail.com]
Sent: Sunday, July 08, 2018 12:37 AM
To: Timothy McDonald
Cc: Dawn Stiller
Subject: "Cooking with gas can harm children" & July 20th Needham Board of Health meeting

Dear Tim McDonald and Dawn Stiller

1) **"Gas is the Past" & "Cooking with gas can harm children"**

Tim you indicated the Needham Board of Health had some questions and skepticism about the health risks of "natural" gas and writing to the Governor.

In the last two weeks, i have shown board members the HEET MA and M O F flyer **"Gas is the Past"** (attached)

and used the section subtitled **Cooking with gas can harm children** (section pasted below)

It has been very effective in "grabbing" the attention of Board members and appeared to help them understand there are health risks of "natural" gas and, also, inspire them to ask the Governor for CHIA about gas infrastructure

The association of gas stoves with aggravation of asthma is well known. The advice in that situation, is to replace the gas stove with an electric stove.

I think this is almost a "smoking gun" of the health risks of "natural" gas.

Please send this flyer to your Needham Board.
i am attaching the Kile study also

2) If helpful, I could speak, via a phone call, to your Board during the July 20th meeting. Hopefully helping address their concerns.

Thanks

steve jones

T. Stephen Jones
, MD

123 Black Birch Trail
Florence MA 01062
(413) 582-0191
t.stephen.jones@gmail.com



Cooking with gas can harm children

Cooking with gas releases fumes into your kitchen. Both unburned gas and burned (combusted) gas release toxic chemicals into the air in your home.

These chemicals include lead, chromium, benzene, hexane, formaldehyde, and nitrogen dioxide (NO₂).¹ All of these are harmful to human health.

Many people think that the vent over their stove is just for removing cooking odors, but it's actually very important to turn on the fan whenever cooking with gas to remove the toxic chemicals from the air in your home.

Using gas to cook makes children more susceptible to respiratory infections and worsens asthma, especially in homes that aren't properly ventilated.

Gas is the Past!

Natural gas carries risks to our health and our planet



Cooking with gas can harm children

Cooking with gas releases fumes into your kitchen. Both unburned gas and burned (combusted) gas release toxic chemicals into the air in your home.

These chemicals include lead, chromium, benzene, hexane, formaldehyde, and nitrogen dioxide (NO₂).¹ All of these are harmful to human health.

Many people think that the vent over their stove is just for removing cooking odors, but it's actually very important to turn on the fan whenever cooking with gas to remove the toxic chemicals from the air in your home.

Using gas to cook makes children more susceptible to respiratory infections and worsens asthma, especially in homes that aren't properly ventilated.

Here's the research:

A nationally-representative study of US children described increased prevalence of asthma, chronic bronchitis, and wheezing among children whose parents reported using a gas stove without ventilation.²

A similar study found that the prevalence of pneumonia and coughing in younger children was higher in families who cooked and heated their homes with gas stoves.³

Another analysis of 41 studies found a 32% increased risk of asthma among children in homes where gas was used for cooking.⁴

Nitrogen dioxide is well studied, harmful to children, and significantly higher in homes with gas stoves.^{5,6} In a combined analysis of 11 pediatric studies, researchers concluded that a long-term increase of 15 parts per billion of NO₂ (about the difference between cooking with gas versus electric) increased the risk of respiratory illnesses such as asthma by 20%.⁷

In Massachusetts, researchers also found a "dose-response" relationship between the amount of NO₂ exposure (the "dose") and the asthma severity of children (the "response"). The more NO₂, the worse the asthma.⁸

Fracking contaminates air & water

In Massachusetts, more than half of the gas we use is mined through hydraulic fracturing, also known as fracking.⁹ Fracking contaminates local air and water.

Living near a fracking site is associated with higher rates of asthma as well as premature and low birth-weight babies¹⁰ who have long-term health risks and medical costs.

By reducing our consumption of gas, we can help protect these communities.

Why getting off of gas matters:

- Healthier kids
- Cleaner air and water
- A more livable, stable climate

"Natural" gas speeds up climate change

Here in New England, many of our homes use natural gas.¹¹ This gas is mostly methane, a potent greenhouse gas. Because a significant amount of that methane leaks into the atmosphere all along the system from where it's produced to where it's used, natural gas damages our climate more than coal.¹²

Switching from gas to electric appliances powered by clean, renewable energy is part of the solution!

Time to turn off the gas!

You can help make your home safer for your children, reduce air and water pollution from fracking, and be a part of the climate change solution.

- Always turn on your vent hood or open a window when you cook with gas.
- Use an inexpensive single or double burner induction cooktop instead of your gas stove. You can even place it on top of your gas burners, but remove the knobs so no one accidentally turns on the gas and melts it.
- Replace your gas stove with an electric or induction stove when you can.
- Plan to replace your gas or oil heat with an electric system when you can.

A well-designed study shows that replacing a gas stove with an electric one reduces indoor NO₂ levels.¹³ Using ventilation can help too, but the same study found that vents were not as helpful

at reducing NO₂ levels, probably because people tend to forget to turn on the vent.

Another Boston study found that replacing a gas stove with an electric one may create healthcare savings by reducing asthma-related hospital visits.¹⁴

Is an Induction Stove Right for You?

If you love the control of gas cooking, try an induction stovetop instead.

- The temperature control of induction is just as fine as gas but more consistent.
- Food cooks up to twice as fast.
- The stovetop is easier to clean.
- It is harder to burn yourself.
- There are no explosive gasses or toxic chemicals from gas in your kitchen.

Induction cooking is powered by electricity, not gas. **In Massachusetts, using an induction stove instead of a gas one cuts carbon emissions in half.** As we speed up our transition to more renewable energy, your emissions will decrease faster.

Make a Plan

Switching your house to all electric is part of the transition to using only clean, renewable energy. It can take time to move from gas to electric but it's worth the effort for your family's health and our climate. Make a budget and a timeline for switching to an induction or electric stove and an electric heat source when you can. Or be ready to make the switch when your old gas appliances break.

¹ Environmental Protection Agency (EPA). Natural Gas Combustion. www3.epa.gov/ttn/chief/ap42/ch01/final/c01s04.pdf (Last accessed November, 2017.)

² Kile ML, Coker ES, Smit E, Sudakin D, Molitor J, Harding AK. A cross-sectional study of the association between ventilation of gas stoves and chronic respiratory illness in U.S. children enrolled in NHANES III. *Environmental Health*. 2014;13:71. doi:10.1186/1476-069X-13-71.

³ Coker ES, Smit E, Harding AK, Molitor J, Kile ML. A cross sectional analysis of behaviors related to operating gas stoves and pneumonia in U.S. children under the age of 5. *BMC Public Health*. 2015;15:77. doi:10.1186/s12889-015-1425-y.

⁴ Lin W, Brunekreef B, Gehring U. Meta-analysis of the effects of indoor nitrogen dioxide and gas cooking on asthma and wheeze in children. *International Journal of Epidemiology*. 2013;42(6):1724-1737. doi:10.1093/ije/dyt150

⁵ Belanger K, Gent JF, Triche EW, Bracken MB, Leaderer BP. Association of Indoor Nitrogen Dioxide Exposure with Respiratory Symptoms in Children with Asthma. *American Journal of Respiratory and Critical Care Medicine*. 2006;173(3):297-303. doi:10.1164/rccm.200408-1123OC.

⁶ Belanger K, Holford TR, Gent JF, Hill ME, Kezik JM, Leaderer BP. Household levels of nitrogen dioxide and pediatric asthma severity. *Epidemiology (Cambridge, Mass)*. 2013;24(2):320-330. doi:10.1097/EDE.0b013e318280e2ac.

⁷ Hasselblad VJ, Eddy DM, Kotchmar DJ. Synthesis of environmental evidence: nitrogen dioxide epidemiology studies. *J Air Waste Manage Assoc*. 1992 May;42(5):662-71.

⁸ Belanger K, Holford TR, Gent JF, Hill ME, Kezik JM, Leaderer BP. Household levels of nitrogen dioxide and pediatric asthma severity. *Epidemiology (Cambridge, Mass)*. 2013;24(2):320-330. doi:10.1097/EDE.0b013e318280e2ac.

⁹ The US Energy Administration. Today in Energy. <https://www.eia.gov/todayinenergy/detail.php?id=26112> Last accessed January, 2018.

¹⁰ Stone, J. Fracking Is Dangerous to Your Health -- Here's Why. *Forbes*. Feb. 23, 2017. <https://www.forbes.com/sites/judystone/2017/02/23/fracking-is-dangerous-to-your-health-heres-why/#41e5e41b5945> Last accessed November, 2017.

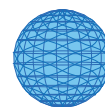
¹¹ Gas stoves are used by around 39% of US households. US Department of Housing and Urban Development and US Census Bureau, American Housing Survey for the United States. 2009. www.census.gov/prod/2011pubs/h150-09.pdf Gas is used more widely in Northeast compared to other regions. <https://www.eia.gov/todayinenergy/detail.php?id=18131>

¹² The Union of Concerned Scientists. Environmental Impacts of Natural Gas. <https://www.ucsusa.org/clean-energy/coal-and-other-fossil-fuels/environmental-impacts-of-natural-gas/WfV6FQ-fbi>. Last accessed January, 2018

¹³ Paulin LM, Diette GB, Scott M, et al. Home interventions are effective at decreasing indoor nitrogen dioxide concentrations. *Indoor air*. 2014;24(4):416-424. doi:10.1111/ina.12085.

¹⁴ Fabian MP, Adamkiewicz G, Stout NK, Sandel M, Levy JI. A simulation model of building intervention impacts on indoor environmental quality, pediatric asthma, and costs. *The Journal of allergy and clinical immunology*.

2014;133(1):10.1016/j.jaci.2013.06.003. doi:10.1016/j.jaci.2013.06.003.



RESEARCH

Open Access

A cross-sectional study of the association between ventilation of gas stoves and chronic respiratory illness in U.S. children enrolled in NHANESIII

Molly L Kile^{1*}, Eric S Coker¹, Ellen Smit¹, Daniel Sudakin², John Molitor¹ and Anna K Harding¹

Abstract

Background: Gas stoves emit pollutants that are respiratory irritants. U.S. children under age 6 who live in homes where gas stoves are used for cooking or heating have an increased risk of asthma, wheeze and reduced lung function. Yet few studies have examined whether using ventilation when operating gas stoves is associated with a decrease in the prevalence of respiratory illnesses in this population.

Methods: The Third National Health and Nutrition Examination Survey was used to identify U.S. children aged 2–16 years with information on respiratory outcomes (asthma, wheeze, and bronchitis) who lived in homes where gas stoves were used in the previous 12 months and whose parents provided information on ventilation. Logistic regression models evaluated the association between prevalent respiratory outcomes and ventilation in homes that used gas stoves for cooking and/or heating. Linear regression models assessed the association between spirometry measurements and ventilation use in children aged 8–16 years.

Results: The adjusted odds of asthma (Odds Ratio [OR] = 0.64; 95% confidence intervals [CI]: 0.43, 0.97), wheeze (OR = 0.60, 95% CI: 0.42, 0.86), and bronchitis (OR = 0.60, 95% CI: 0.37, 0.95) were lower among children whose parents reported using ventilation compared to children whose parents reported not using ventilation when operating gas stoves. One-second forced expiratory volume (FEV₁) and FEV₁/FVC ratio was also higher in girls who lived in households that used gas stoves with ventilation compared to households that used gas stoves without ventilation.

Conclusions: In homes that used gas stoves, children whose parents reported using ventilation when operating their stove had higher lung function and lower odds of asthma, wheeze, and bronchitis compared to homes that never used ventilation or did not have ventilation available after adjusting for other risk factors. Additional research on the efficacy of ventilation as an intervention for ameliorating respiratory symptoms in children with asthma is warranted.

Keywords: Asthma, Wheeze, Bronchitis, Gas stoves, Ventilation, Spirometry, NHANES, Children

* Correspondence: Molly.Kile@oregonstate.edu

¹College of Public Health and Human Sciences, Oregon State University, 15 Milam, Corvallis, OR 97331, USA

Full list of author information is available at the end of the article



Beth Israel Hospital introduces drug disposal kiosk in Needham

By Stefan Geller

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Beth Israel Deaconess Hospital in Needham installed a medication disposal kiosk in the hospital's main lobby on July 2, a move local officials hope will assist in fight against the opioid epidemic as well as promote medical safety.

According to Director of the Needham Public Health Department Timothy McDonald, it is important for residents to deposit expired drugs because opioid addicts often go through the medicine cabinets of friends and relatives to find unused pills, and because medications that pass their expiration dates become unsafe to use.

"I think this represents a great and convenient way to get rid of expired medication, which is a big public health issue," he said.

This installation is the result of a collaborative effort between the hospital and the Substance Prevention Alliance of Needham (SPAN), a subgroup of the Public Health Department.

"A lot of times when we talk about prescription drugs, we see them being the start of people's opioid addictions," said Catherine Delano, the director of SPAN. "People access them, develop an addiction, then often move on to something cheaper and more accessible like heroin."

The kiosk does not accept deposits of needles, illegal drugs or liquids in quantities greater than four ounces. Residents looking to dispose of needles or epipens can do so at the Recycling and Transfer Station in town.

After the kiosk has been filled, the hospital ships the discarded medications to the federal Drug Enforcement Agency for incineration. Delano said that it's important not to throw away or flush expired prescriptions, as throwing them

away can lead to other people accessing them, and flushed drugs go into the sewage system, which can be harmful to the environment.

Prior to this installation, Needham residents were able to dispose of their medications by submitting them to a similar kiosk at the Needham Police Department, as well as through annual drug take back days in the spring and fall, where public officials would set up on the town common for collections.

Delano said that officials collected 44 pounds of prescription drugs during last April's drug take back day, and that between that event and the one held in October of 2017, nearly 400 pounds of expired medications were deposited to the police station's kiosk.

"This will definitely help out with the opioid crisis, because there are surveys that say that upwards of 60 percent of households contain leftover narcotics and this provides families with the best option to get rid of those medications," said Joseph Giovangelo, pharmacy director at BID Needham. "It feels great to help out with opiate crisis that's going on."

Beth Israel Deaconess Hospital is located at 148 Chestnut St. The kiosk is free, anonymous and confidential.

She left a laptop computer in the high school and it is now missing. The high school was notified.

Tuesday, June 19

8:00 a.m.: An officer responded to a Maple Street address for a report of stolen building materials. The incident is under investigation.

4:10 p.m.: An officer responded to an Arnold Street address for a report of a past package theft.

After speaking with the reporting party surveillance video was able to be obtained of the suspect. The incident is currently under investigation.

Wednesday, June 20

12:05 p.m.: An officer took a report of a larceny at Needham High School.

Thursday, June 21

A resident of Beaufort Avenue reported that they had given someone a check for work to be done. That person cashed the check, but did not do any of the work. Needham Police are investigating.

5:45 p.m.: An officer was dispatched to a Central Avenue residence for a reported theft of jewelry.

Friday, June 22

7 a.m.: Needham Police responded to the area of Walker School for three students that fled the school. One was immediately located by school staff and brought back. State Police and Dover Police assisted with locating and returning the other two juveniles.

Sunday, June 24

An officer responded to a Wyoming Avenue residence for a report of fraud. The resident was advised to close the account.

There will be no legal recreational marijuana sales in Massachusetts on July 1. And though regulators expect to approve business licenses next week, there can be no legal retail sales until an independent testing laboratory applies and is licensed by the Cannabis Control Commission.

The CCC on June 26 formally asked its staff to prioritize the review of license applications for independent testing laboratories, a critical link of the supply chain without which no retail shops can open since state law requires all marijuana sold to be tested and approved by a lab.

Regulators had targeted July 1 as the beginning of legal retail sales, but so far the CCC has only approved one provisional license—for a cultivation facility in Milford. The CCC will not consider additional licenses until July 2, chairman Steven Hoffman said June 26.

So far, the CCC has not received any completed license applications from independent testing labs, though one lab has begun its application with the CCC.

"We do have one lab application that's in the queue. We've talked to the labs, the four operators of the medical marijuana labs, and our expectation, I don't have timing, but our expectation is that they'll all apply," Hoffman said.

He said that giving independent testing labs priority application review "seemed like an essential thing to do to make sure that we had all pieces of the value chain in place so we can launch this industry."

The CCC voted unanimously to allow its staff to review out of order any completed independent testing lab application



Rob Hunt, left, founder of the cannabis consulting firm Shingle Hill, talks with Kim Napoli, director of diversity programs at New England Treatment Access; and Tim Keogh, president and CEO of AmeriCann Inc., about where the adult-use marijuana industry is heading in Massachusetts. (WICKED LOCAL AND DAILY NEWS PHOTO/ELI SHERMAN)

submitted by Aug. 1, "purely for the purposes of being able to get the independent testing labs to the front of the queue so that we can start to establish a supply chain that is consistent with the statute," Commissioner Britte McBride said.

The acknowledgement that there will be no legal retail sales until the CCC licenses a testing lab made clear that the CCC would not meet its goal of launching the industry approved by voters in 2016 by July 1, a target date that was first used by the Legislature and adopted by Hoffman and the CCC in September.

"I have resisted making a forecast and I will continue to resist making a forecast. We are going to issue licenses on an ongoing basis, they have to become final licenses, we have to get city and town approval; there are too many moving parts so I'm not making a forecast," Hoffman said. He said the lack of testing labs is "another reason why I'm just not making a forecast about

timing, it's another one of the moving parts that has to come together."

Asked what he would say to people who voted to legalize the drug and had been expecting to be able to walk into a marijuana store and have the same experience Hoffman had in Colorado two years ago—when he bought a joint at a retail shop and watched some Independence Day fireworks—Hoffman apologized without being apologetic. "I understand those expectations and I'm sorry that people have expectations that were not met, I am truly sorry about that. That being said, our objective is to satisfy the will of the voters of the State of Massachusetts to build a fair and safe and equitable industry. We are doing so. There is nothing in the law that says it has to be July 1," he said. "Again, I'm sorry people's expectations were not met. On the other hand, I hope that people understand that we're trying to build this industry consistent with the law and

handful" of licenses when meets next, July 2. After approving its first license last week Hoffman said he expected the CCC would consider license applications at each subsequent meeting. The June 26 meeting did not include votes on license applications, Hoffman said because of "an incredibly quick turnaround from our meeting last Thursday to today."

As of June 26, 31 entities have applied for 61 business licenses and the CCC has begun to review those applications. The review process includes a background check and a 60-day window during which the municipality in which the business hopes to locate must certify that the applicant has met all to requirements.

Executive Director Sha Collins said that the pending stack includes 22 applications to cultivate marijuana, 18 applications for retail licenses, applications to produce marijuana-infused products, the research laboratory applications, two applications for microbusinesses and one application to transport marijuana. He said the applications have come in from 40 registered marijuana dispensaries (RVD) companies, three applications who are part of the CCC's economic empowerment program and 18 applicants that did receive priority review status from the commission.



The most dangerous animals in the forest don't live there.

State follows town on smoking

Times Herald
As Massachusetts mulls changing tobacco sales age to 21, questions remain

By Eli Sherman and Stefan Geller

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The effort to increase the tobacco sales age limit to 21 years will undoubtedly cut into the revenue of convenience stores, including the 7-Eleven Dennis Lane has owned for 44 years.

The loss would be unfortunate for business, he said, but it's not why he's against increasing the age.

"Raising age limits redefines the age that somebody becomes an adult," said Lane, who doesn't smoke himself. "If you're adult enough to pick up a rifle and protect this country, then you're obviously adult enough to make the decision about whether or not to smoke."

As Massachusetts inches closer to becoming one of a handful of states where -- like alcohol -- you must be at least 21 years old to buy a pack of cigarettes, debate has ensued related to health, personal freedom and shared responsibility.

The state Legislature is mulling a bill that would increase the minimum age for purchasing tobacco and electronic smoking products to 21 years from 18 years. The legislation, if enacted, would follow a popular trend playing out at the local level, where 179 of the 351 municipalities -- representing 73.8 percent of the state's population -- have already enacted such laws.

"Cities and towns have been doing this for years," said Cheryl Sbarra, director of policy and law at the Massachusetts Association of Health Boards, based in Winchester.

Needham's role

Indeed, the idea to increase tobacco age limits became a reality more than a decade ago in Needham, the first municipality to increase the age requirement in 2005. The idea inspired other municipalities, and subsequently picked up steam, as many other communities have since followed suit, including Boston, Brockton, Cambridge, Malden, Marshfield, Waltham and Worcester.

"It just seemed to be the logical step. The feeling back then was that it communicated to the teenagers that smoking is harmful and they shouldn't do it, so we felt like it was right thing to do," said John Bulian of the Needham Select Board.

Bulian was on the board when Needham raised the age limit and he said part of the reasoning behind it was it helped far more in the community than it hurt.

"As I recall, that tobacco sellers - primarily convenience stores and gas stations - weren't happy about it, but I think that in this region, smokers make up the vast minority. So we did understand the inconveniences we were putting on [the tobacco sellers], but the overall health of the population was the overriding factor," Bulian said. "I believe having healthy population is good for everyone."

While he said he's glad more and more towns are following Needham's example, he believes the change is overdue.

"It has taken too long," Bulian said. "We made the right decision, but I'm disappointed that it took so many years for other towns to follow us. There's nothing good that comes from smoking cigarettes."

Arguments for and against

Until recently, debate surrounding the issue has been almost formulaic.

Health professionals argue increased age limits help deter malleable young adults from becoming addicted to tobacco products, citing scientific research showing the brain is more susceptible to addiction at a younger age.

"Tobacco companies have been trying to addict young people since their inception, or at least since cigarettes have been popular," Sbarra said. "It's the tobacco companies' fault they're using these products."

Local retailers, meanwhile, argue the majority of underage smokers get tobacco products from sources other than direct sales, including friends and family. Increasing the age limit unfairly targets

retailers, and could reduce tobacco sales by roughly 15 percent, according to Lane. A 2014 study published in the American Journal of Public Health estimated the loss being closer to 2 percent.

"It impacts different businesses in different ways, but every time you take customers out of stores, there will be a financial hit," said Jon Shaer, executive director of the New England Convenience Store and Energy Marketers Association Inc. based in Stoughton.

More recently, however, the debate has started to shift away from age limitations. Shaer's association and the Retailers Association of Massachusetts are neutral on the proposed legislation, saying a statewide mandate would at least bring uniformity and predictability to doing business in Massachusetts.

"The city and town approach creates nothing but confusion," Shaer said. "We'd like to see a more uniformed approach, and the simplest way to achieve that is with a statewide approach."

Lane, whose 7-Eleven is in Quincy, said his biggest concern moving forward is related to enforcement.

While the legislation increases the age to buy tobacco, it says nothing about enforcement against underage buyers, meaning it's illegal for retailers to sell tobacco products to minors, but not illegal for minors to buy tobacco products from retailers.

"It's a real Catch-22," Lane said. "We need purchase, possession and use laws, but no one wants to talk about it."

Lane, who also heads the Coalition of Responsible Retailers and Business Owners in Billerica, argues there should be language making it specifically illegal for minors to purchase tobacco products. There should also be fines levied against adults who provide tobacco products to underage consumers. The ideas are echoed by other retailers.

"Neither this bill, nor any of the municipal regulations adopted to date, do anything to address this issue," said Ryan C. Kearney, general counsel of the Retailers Association of Massachusetts, based in Boston.

Sbarra, however, sees it differently and is working with municipalities throughout the state to further regulate and restrict products, such as flavored tobacco and individually sold cigars. The effort, she said, is about making it harder to access a deadly product, but not punishing younger populations for falling into a marketing trap set for them by tobacco companies.

"If you want to be in the business of selling a product that kills people, there are going to be regulations attached to that," she said. "It's a dangerous and defective product."